Office of Developmental Programs

ADULT AUTISM WAIVER PROVIDER INFORMATION TABLE

Service Definitions, Rates,
Procedure Codes & Qualifications

Effective 01/01/2020

**information highlighted in grey is new information*

Waiver Service	Page Number
Assistive Technology	3
Career Planning: Vocational Assessment Job Finding	4
Community Transition Services	7
Day Habilitation	8
Family Support	10
Home Modifications	11
Nutritional Consultation	12
Residential Habilitation Community Home Life Sharing	13
Respite	17
Small Group Employment	18
Specialized Skill Development: Behavioral Specialist Service Systematic Skill Building Community Support	20
Supported Employment: Intensive Job Coaching Extended Employment Supports	24
Supports Coordination	27
Temporary Supplemental Services	30
Therapies: Counseling Speech/Language Therapy	31
Transportation Public Transportation Transportation – Trip	32
Vehicle Modifications	34
Appendix A: Organized Health Care Delivery System (OHCDS)	35

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

REQUIRED QUALIFICATIONS FOR ALL ADULT AUTISM WAIVER (AAW) PROVIDERS

The following qualifications must be met by all providers for the duration of enrollment for AAW service provision.

- Prior to submitting an application, providers, not including Supports Coordination Organizations (SCOs), must complete the Office of Developmental Programs (ODP) Provider Applicant Orientation on MyODP. AAW-only providers are required to complete modules 1-5, while providers pursuing dual enrollment in the Consolidated, Community Living, or P/FDS waivers are required to complete modules 1-6 and an in-person orientation. Providers that are seeking enrollment in AAW that are already enrolled with another ODP waiver and have completed the Provider Applicant Orientation do not need to repeat modules 1-5 prior to submitting an application to enroll in the AAW.
- Prior to submitting an application, SCOs must complete the ODP SCO Orientation on MyODP.
- Have a signed Medical Assistance Provider Agreement and a signed ODP Waiver Provider Agreement.
- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Carry automobile insurance for all automobiles owned, leased, and/or hired used as a component of a service.
- Carry commercial general liability insurance, professional liability errors and omissions insurance and worker's compensation insurance when required by PA statute.
- Provider agencies are required to obtain criminal background clearances per 35 P.S. § 10225.101 et seq. and 6 Pa. Code Chapter 15 prior to hiring for all staff that provide direct services to any waiver participant.

Verification of Provider Qualifications: The Office of Developmental Programs (ODP) is responsible for provider qualification 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.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	*Unit*	*Provider Type*	*Provider Specialty*	*Procedure Code*	*Modifier Description*
Assistive Technology	Item	51	544	T2028 (Specialized Supply) T2029 (Specialized Medical Equipment)	U2: Adult Autism Waiver
		55	250		SE: State & Federal Funding

Note: Providers that meet the standards for Supports Coordination or Specialized Skill Development may subcontract with providers of Assistive Technology as an Organized Health Care Delivery System (OHCDS). See Appendix A for procedure codes and policy on submitting an OHCDS Administrative Fee.

Limitations: Devices 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 certified Assistive Technology professional as recognized by the Pennsylvania Initiative on Assistive Technology at the Institute on Disability at Temple University. 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.

Maximum amount for this service is $10,000 over a participant's lifetime.

Service Definition: An item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is necessary to increase, maintain, or improve a participant's communication, self-help, self-direction, and adaptive capabilities. Assistive Technology also includes items necessary for life support and durable and non-durable medical equipment not available under the Medicaid state plan. Assistive technology service includes activities that directly support a participant in the selection, acquisition, or use of an assistive technology device, limited to:

A. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;
B. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
C. Coordination and use of necessary interventions or services with assistive technology devices, such as interventions or services associated with other services in the ISP;
D. Training or technical assistance for the participant, or, where appropriate, the participant's family members, guardian, advocate, authorized representative, or other informal support on how to use and/or care for the Assistive Technology;
E. Training or technical assistance for professionals or other individuals who provide services to the participant on how to use and/or care for the assistive technology;
F. Extended warranties;
G. Ancillary supplies and equipment necessary to the proper functioning of assistive technology devices, such as replacement batteries; and
H. Independent evaluation as required for this service, if not available through the State Plan, other waiver services, or private insurance.

All items shall meet the applicable standards of manufacture, design, and installation. If the participant receives Specialized Skill Development, Assistive Technology must be consistent with the participant's behavioral support plan, crisis intervention plan, and/or systematic skill building plan.

All items, pieces of equipment, or product systems must be used to meet a specific need of a participant. Items that are not of direct medical or remedial benefit to the participant are excluded. Items designed for general use are covered only if they meet a participant's needs and are for the exclusive use of, or on behalf of, the participant. Assistive technology services will not be provided through the waiver if they can be provided through the State Plan, Medicare and/or private insurance plans until any limitation has been reached and assistive technology services cannot duplicate items covered under the State Plan.

Provider Qualifications*: Only qualified service agencies, independent vendors, or durable medical equipment suppliers may enroll for this service. Providers shall meet the applicable standards of manufacture, design, and installation for the items they provide under the waiver. Suppliers of medical equipment and supplies must meet the requirements for medical supplies providers specified in applicable State regulation.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	*Unit*	*Rate*	*Staffing*	*Provider Type*	*Provider Specialty*	*Procedure Code*
Career Planning: Vocational Assessment	15 min	$13.05	1:1	53	530	W7071
Career Planning: Job Finding						W7077

Limitations: Vocational Assessment is a time-limited service requiring re-authorization every 90 days and will be authorized for up to 1 year from initial authorization every time it is added to the ISP. Prior to the request for reauthorization, the ISP team will meet to clarify goals and expectations and review progress. ODP will review the reauthorization request and make a determination based on ODP policy. ODP may also recommend technical assistance to the provider or suggest the ISP team consider a change of provider.

Job Finding is a time-limited service requiring re-authorization every 90 days, and will be authorized for up to 1 year from initial authorization every time it is added to the ISP. Prior to the request for reauthorization, the ISP team will meet to clarify goals and expectations and review progress and the job finding strategy. ODP will review the reauthorization request and make a determination based on ODP policy. ODP may also recommend technical assistance to the provider or suggest the ISP team consider a change of provider. Job Finding may be authorized if a placement ends or is determined unsatisfactory to the participant. As a part of determining if Job Finding should be reauthorized, ODP will consider the reasons that the placement did not work for the participant and what changes, if any, will need to be made in the type of placement or career choice.

Career Planning services may not be rendered under the waiver until it has been verified that the services are:

- Not available to the participant under a program funded by either the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act of 2014, or the Individuals with Disabilities Education Act;
- The Office of Vocational Rehabilitation (OVR) has closed the participant's case or has stopped providing services to the participant;
- 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; or
- The participant is determined ineligible for OVR services.

A participant does not need to be referred to OVR if the participant is competitively employed and is seeking career planning services to find a new job, unless the purpose is job advancement which can be provided by OVR.

In the event that OVR closes the order of selection, the following process will be followed from the effective date until the closure is lifted:
• A participant who has been referred to OVR, but does not have an approved Individualized Plan for Employment (IPE) may receive Career Planning services.
• A participant who has not been referred to OVR may receive Career Planning services without a referral to OVR.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following: Incentive payments made to an employer to encourage or subsidize the employer's participation in Career Planning services; or Payments that are passed through to users of Career Planning services.

Service Definition: Career Planning consists of two components: Vocational Assessment and Job Finding. This service provides support to the participant to identify a career direction; develop a plan for achieving competitive, integrated employment at or above the minimum wage; and obtain a job placement in competitive employment or self-employment. If the participant receives Specialized Skill Development services, the Career Planning service must be consistent with the participant's Behavioral Support and Crisis Intervention Plans and/or Systematic Skill Building Plan. Career Planning may be provided concurrent with Supported Employment, Day Habilitation or Small Group Employment if the participant wants to obtain a better job or different job while continuing paid work. Career Planning does not include supports that allow a participant to continue paid work once it is obtained. Travel time may not be billed by the provider as a discrete unit of the Vocational Assessment and the Job Finding service. Vocational Assessment and Job Finding may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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1. <u>Vocational Assessment</u> evaluates the participant's preferences, interests, skills, needs and abilities for the purpose of developing a Vocational Profile which is an inventory of actions, tasks or skill development that will position the participant to become competitively employed. The Vocational Profile also specifies restrictions as well as skills and needs of the participant that should be considered in the process of identifying an appropriate job placement, consistent with the participant's desired vocational outcome. It is specific to the participant and may be provided both directly to the participant and indirectly for the benefit of the participant. Vocational Assessment may be authorized whenever the participant's circumstances or career goals change.

Vocational Assessment includes:

- The discovery process, which includes but is not limited to identifying the participant's current preferences, interests, skills and abilities, including types of preferred and non-preferred work environments; ability to access transportation, with or without support; existing social capital (people who know the participant and are likely to be willing to help the participant) and natural supports which can be resources for employment. Discovery also includes review of the participant's work history.
- Community-based job try-outs or situational-vocational assessments.
- Identifying other experiential learning opportunities such as internships or short-term periods of employment consistent with the participant's skills and interests as appropriate for exploration, assessment and discovery.
- Facilitation of access to ancillary job-related programs such as Ticket to Work, including Ticket Outcome and Milestone payments, and work incentives programs, as appropriate.
- Facilitation of access to benefits counseling services provided by certified individuals.
- Development of a Vocational Profile that specifies recommendations regarding the participant's individual needs, preferences, abilities and the characteristics of an optimal work environment. The Vocational Profile must also specify the training or skill development necessary to achieve the participant's employment goals and which may be addressed by other related services in the participant's service plan.

Results of the Vocational Assessment service must be documented and incorporated into the participant's ISP and shared with members of the ISP team, as needed, to support the recommendations of the Vocational Assessment.

2. <u>Job Finding</u> is an individualized, outcomes-based service that provides assistance to the participant in developing or securing competitive integrated employment that fits the participant's needs and preferences and the employer's needs. The Job Finding service is provided to support participants to live and work successfully in home and community-based settings, as specified by the ISP, and to enable the participant to integrate more fully into the community while ensuring the health, welfare and safety of the participant. It is specific to the participant and may be provided both directly to the participant and indirectly to the employer, supervisor, co-workers and others involved in the participant's employment or self-employment for the benefit of the participant.

If the participant has received Vocational Assessment services and has a current Vocational Profile, the Job Finding service will be based on information obtained and recommendations included in the Vocational Profile, as applicable. Documentation of consistency between Job Finding activities and the Vocational Profile, if applicable, is required.

Job Finding includes (as needed by the participant):

- Prospective employer relationship-building/networking.
- Identifying potential employment opportunities consistent with the participant's Vocational Profile.
- Collaboration and coordination with the participant's natural supports in identifying potential contacts and employment opportunities.
- Job search.
- Support for the participant to establish an entrepreneurial or self-employment business, including identifying potential business opportunities, development of a business plan and identification of necessary ongoing supports to operate the business.
- Identifying and developing customized employment positions including job carving.
- Informational interviews with employers.
- Referrals for interviews.
  Support of the participant to negotiate reasonable accommodations and supports necessary for the individual to perform the functions of a job.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Provider Qualifications*: Only qualified service agencies may enroll for this service.

Staff working directly with the participant must have one of the following by 07/01/2020 or within 6 months of hire if hired after 01/01/2020:

- 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 07/01/2020, 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 for no longer than 6 months from the date of hire to allow the new hire time to obtain the certification.

Individuals furnishing this service must meet the following qualifications:

- Have a high school diploma or equivalent.
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).
- Complete required training developed by the Bureau of Supports for Autism and Special Populations (BSASP) for Employment/Vocational Services for people with autism spectrum disorders.
- If transporting participants, have a valid driver's license and automobile insurance.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	*Unit*	*Provider Type*	*Provider Specialty*	*Procedure Code*
Community Transition Services	Item	55	551	T2038

Note: Providers that meet the standards for Supports Coordination may subcontract with providers of Community Transition Services as an Organized Health Care Delivery System (OHCDS). See Appendix A for procedure codes and policy on submitting an OHCDS Administrative Fee.

Limitations: Limited to $4,000 in a participant's lifetime.

In the event that a participant would need community transition services beyond the above the limits in order to assure health and welfare, the Supports Coordinator based on appropriate documentation of need will convene an ISP meeting of the participant, and other team members to explore alternative resources to meet the participant's health and welfare.

Service Definition: Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institution to private residence where the person is directly responsible for his or her living expenses. Institutions include ICF/MR, ICF/ORC, nursing facilities, and psychiatric hospitals, including state hospitals, where the participant has resided for at least 90 consecutive days. Allowable expenses are those necessary to enable an individual to establish his or her basic living arrangement that do not constitute room and board. Furnishings and supplies may be purchased in Pennsylvania and states contiguous to Pennsylvania.

Community Transition Services are limited to the following:

- Essential furnishings and initial supplies (Examples: household products, dishes, chairs, and tables);
- Moving expenses;
- Security deposits or other such one-time payments that are required to obtain or retain a lease on an apartment or home;
- Set-up fees or deposits for utility or service access (Examples: telephone, electricity, heating); and
- Personal and environmental health and welfare assurances (Examples: pest eradication, allergen control, one-time cleaning prior to occupancy).

Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process; clearly identified in the service plan, and the person is unable to meet such expense, or when the services cannot be obtained from other sources. Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

Provider Qualifications*: Only qualified service agencies, vendor agencies and independent vendors may enroll for this service. SC agencies may subcontract with providers of Community Transition Services as an Organized Health Care Delivery System as specified in Appendix I-3-g-ii. Individuals furnishing this service must meet all local and state requirements for the service. All items and services shall be provided according to applicable state and local standards of manufacture, design, and installation.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Day Habilitation	15 min	$2.81	>1:6	51	514	W7063
		$3.37	<1:6 – 1:3.5			W7064
		$5.14	<1:3.5 – >1: 1			W7065
		$9.98	1:1			W7066

Limitations: Total combined hours for Specialized Skill Development/Community Support, Day Habilitation, Supported Employment (Intensive Job Coaching direct and Extended Employment Supports direct), and Small Group Employment are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must request an exception to the limit consistent with ODP policy.

Day Habilitation may not be provided to a participant during the same hours that Supported Employment (when provided directly to the participant), Small Group Employment, quarter hourly-reimbursed Respite, or Specialized Skill Development/Community Support is provided.

Beginning 7/1/19, a participant may not receive Day Habilitation services in a licensed Adult Training Facility for more than 75 percent of his or her support time, on average, per month. A participant may request an exception to this limitation. The exception request must be submitted in writing to ODP by the participant's Supports Coordinator on behalf of the participant, using a form designated by ODP.

Day Habilitation may not be provided in a licensed Adult Training Facility that is newly funded on or after January 1, 2020 and serves more than 25 individuals in the facility at any one-time including individuals funded through any source.

Beginning 1/1/22, Day Habilitation services may not be provided in any facility required to hold a 2380 license that serves more than 150 individuals at any one time including individuals funded through any source.

Day Habilitation may not be provided in a licensed facility that enrolls on or after February 1, 2020 in a location that is adjacent to, attached to or located in the same building as any of the following regardless of the funding source of the individuals served:

- Hospital (medical or psychiatric).
- Skilled Nursing Facility (55 Pa. Code Chapters 201 through 211).
- Licensed public or private ICF/ID (55 Pa. Code Chapter 6600) or ICF/ORC.
- Licensed Child Residential Services (55 Pa. Code Chapter 3800).
- Licensed Community Residential Rehabilitation Services for the Mentally Ill (CRRS) (55 Pa. Code Chapter 5310).
- Licensed Personal Care Homes (55 Pa. Code Chapter 2600).
- Licensed Assisted Living Residences (55 pa. Code Chapter 2800).
- Unlicensed or Licensed Family Living Homes (55 Pa. Code Chapter 6500).
- Unlicensed or Licensed Community Homes for Individuals with an Intellectual Disability or Autism (55 Pa. Code Chapter 6400).
- Licensed Adult Training Facilities (55 Pa. Code Chapter 2380).
- Licensed Vocational Facilities (55 Pa. Code Chapter 2390).
- Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11).

Service Definition: Day Habilitation is provided in adult training facilities licensed under 55 PA Code Chapter 2380, which are settings other than the participant's private residence, and meet the federal requirements for HCBS settings. This service also includes day habilitation activities in general public community settings, which are non-disability specific settings and meet the federal requirements for HCBS settings. When provided in community locations, this service does not take place in licensed facilities, or any type of facility owned, leased or operated by a provider of other ODP services.

Day Habilitation provides individualized assistance with acquiring, retaining, and improving communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community. The service is expected to help the participant develop and sustain a range of valued social roles and relationships; build natural supports; increase independence; and experience meaningful community participation and inclusion. To achieve this, each participant must be offered opportunities and needed support to participate in community activities that are consistent with the individual's preferences, choices and interests.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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This service includes: activities to improve the participant's capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation); on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision; planning and coordinating a participant's daily/weekly schedule for day habilitation services; personal assistance in completing activities of daily living and instrumental activities of daily living; and assistance with medication administration and the performance of health-related tasks to the extent state law permits.

The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant's capacity to perform activities of daily living and instrumental activities of daily living independently. This service also includes transportation to and from the facility and during day habilitation activities necessary for the individual's participation in those activities. The Day Habilitation provider is responsible to provide at least one complete meal, consistent with the individual's dietary needs, if the participant is at the facility for 4 or more hours. If a participant is at the facility for more than 6 hours, a nutritional snack shall also be provided.

Day Habilitation services must be necessary to achieve the expected outcomes identified in the participant's ISP. If the participant receives Specialized Skill Development service, this service includes implementation of the behavioral support plan, the crisis intervention plan, and/or the Systematic Skill Building plan (SBP). The service includes collecting and recording the data necessary to support review of the ISP, BSP, and the SBP.

Day Habilitation is normally furnished for up to 6 hours a day, five days per week on a regularly scheduled basis. Day Habilitation does not include services that are funded under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education and Improvement Act.

Travel time to pick up and drop off the participant may not be billed as these costs are assumed in the rate for this service. Transporting of the participant to and from activities integral to services provided during the Day Habilitation service day may be billed.

Provider Qualifications*: Only qualified Adult Training Facilities holding a Title 55 Pa. Code Chapter 2380 license may enroll for this service.

Provider staff furnishing this service must:

- Be age 18 or older
- Have a high school diploma or equivalent
- If transporting participants, have a valid driver's license and automobile insurance
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).
- Meet the requirements of 55 Pa. Code Chapter 2380.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Family Support	15 min	$19.04	1:1	19	425 Psychologist	90846 (w/o Participant Present) 90847 (w/ Participant Present)	SE: State & Federal Funding
				11	421 Social Worker	H0046	
					422 Marriage & Family Therapist		
					423 Professional Counselor		
					424 Counseling Agency		

Limitations: Maximum of 40 hours per year, with the year starting on the ISP authorization date.

Service Definition: This service provides counseling and training for the participant's unpaid family and informal network to help develop and maintain healthy, stable relationships among all members of the participant's unpaid informal network, including family members and the participant, in order to support the participant in meeting the goals in the participant's ISP. Family Support assists the participant's unpaid family and informal care network with developing expertise so that they can help the participant acquire, retain or improve skills that directly improve the participant's ability to live independently. Emphasis is placed on the acquisition of coping skills, stress reduction, improved communication, and environmental adaptation by building upon family and informal care network strengths. The waiver may not pay for services for which a third party, such as the family members' health insurance, is liable. The Family Support service does not pay for someone to attend an event or conference.

Family Support must be necessary to achieve the expected outcomes identified in the participant's ISP. The Family Support provider must update the Supports Coordinator at least monthly regarding progress toward the goals for the Family Support service. The Family Support provider must maintain monthly notes in the participant's file and have them available for review by ODP during monitoring. If the participant receives Specialized Skill Development/Behavioral Specialist Services, the Family Support provider must provide this service in a manner consistent with the participant's behavioral support plan and crisis intervention plan.

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

Provider Qualifications*: Only qualified service agencies can enroll for this service. The agency can be a Professional Counseling Agency (Chapter 49), but agency licensure is not required.

Individuals furnishing this service must meet the following qualifications:

- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).
- Hold one of the following PA Code, Title 49 professional licenses:
  - Psychologist (Chapter 41)
  - Social Worker (Chapter 47)
  - Marriage and Family Therapist (Chapter 48)
  - Professional Counselor (Chapter 49)

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	Unit	Provider Type	Provider Specialty	Procedure Code
Home Modifications	Item	55	543	W7279

Note: Providers that meet the standards for Supports Coordination may subcontract with providers of Home Modifications as an Organized Health Care Delivery System (OHCDS). See Appendix A for procedure codes and policy on submitting an OHCDS Administrative Fee.

Limitations: Maximum benefit of $20,000 per participant over a 10-year consecutive period in the same home. The period begins with the first use of the Home Modifications services. A new $20,000 limit can be applied when the participant moves to a new home or when the 10-year period expires. Exceptions to this limit may be considered based upon a needs assessment and require prior authorization by ODP consistent with ODP policy.

Service Definition: These are physical modifications to the primary private residence of the participant (including homes owned or leased by parents/relatives with whom the participant resides and life sharing homes that are privately owned, rented, or leased by the host family), which are necessary to ensure the health, security of, and accessibility for the participant and/or to enable the participant to function with greater independence in the home. These modifications must be outlined in the participant's ISP. If the participant receives Specialized Skill Development/Behavioral Specialist Services, modifications must be consistent with the participant's behavioral support plan and crisis intervention plan.

Home modifications must have utility primarily for the participant and be specific to the participant's needs. Home modifications that are solely for the benefit of the public at large, staff, significant others, or family members will not be approved. Home modification must be an item that is not part of general maintenance of the home, and be an item of modification that is not included in the payment for room and board. Home modifications include the cost 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 must meet the applicable standards of manufacture, design, and installation and comply with applicable building codes. Modifications not of direct medical or remedial benefit to the participant are excluded. Modifications are limited to:

A. Alarms and motion detectors on doors, windows, and/or fences;
B. Brackets for appliances;
C. Locks;
D. Modifications needed to accommodate a participant's special sensitivity to sound, light or other environmental conditions,
E. Outdoor gates and fences;
F. Replacement of glass window panes with a shatterproof or break resistant material;
G. Raised electrical switches and sockets; and
H. Home adaptations for participants with physical limitations, such as ramps, grab-bars, widening of doorways, or modification of bathroom facilities.

Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Building a new room is excluded. Home accessibility adaptations may not be used for the construction of a new home. Durable medical equipment is excluded.

Home Modifications may not be provided in homes owned, rented or leased by a provider agency. Home Modifications costing over $1,000 must be recommended by an independent evaluation of the participant's needs, including a functional evaluation of the impact of the modification on the participant's environment. This service does not include the independent evaluation. Depending on the type of modification, the evaluation may be conducted by an occupational therapist; a speech, hearing, and language therapist; a behavioral specialist; or another professional as approved in the ISP. The organization or professional providing the evaluation shall not be a related party to the Home Modifications provider.

All modifications shall meet applicable standards of manufacture, design, and installation. Services shall be provided in accordance with applicable state and local building codes.

Provider Qualifications*: Only qualified service agencies, vendor agencies and independent vendors may enroll for this service. Providers of this service must meet all applicable state and local licensure requirements.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	*Unit*	*Rate*	*Staffing*	*Provider Type*	*Provider Specialty*	*Procedure Code*	*Modifier Description*
Nutritional Consultation	15 min	$15.95	1:1	23	230	S9470	SE: State & Federal Funding

Service Definition: Nutritional Consultation provides assistance to participants with an identified food allergy, food sensitivity, or a serious nutritional deficiency, which can include inadequate food and overeating. Nutritional Consultation assists the participant and/or their families and caregivers in developing a diet and planning meals that meet the participant's nutritional needs while avoiding any problem foods that have been identified by a physician.

Telephone consultation is allowable a) if the driving distance between the provider and the participant is greater than 30 miles; b) if telephone consultation is provided according to a plan for nutritional consultation services based on an in-person assessment of the participant's nutritional needs; and c) if telephone consultation is indicated in the participant's ISP.

If the participant receives Behavioral Specialist Services, the services delivered must be consistent with the participant's behavioral support plan and crisis intervention plan.

This service does not include the purchase of food.

Travel time may not be billed by the provider as a discrete unit of this service.

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

Provider Qualifications*: Only qualified service agencies and/or individuals may enroll for this service.

Individuals furnishing this service must meet the following qualifications:

- Carry a Dietician-Nutritionist license (Title 49 Pa. Code Chapter 21, subchapter G)
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Residential Habilitation: Community Home	Day	$137.89	Light	52	521	W7228
		$165.21	Limited			W7229
		$219.83	Extensive			W7230
		$439.66	Intensive			W7231
		$519.60	Intensive+			W7232
Residential Habilitation: Community Home Ineligible (State funded only Room & Board)		$32.04	All staffing levels	52	521	W7233
Residential Habilitation: Life Sharing Home		$101.23	Low	52	522	W7052
		$117.44	Medium			W7054
		$134.24	High			W7053
Residential Habilitation: Life Sharing Home Ineligible (State Funded only Room & Board)		$2.70	All staffing levels	52	522	W7234

Waiver Service	Unit	Approved Program Capacity	Area 1 Rate*	Area 2 Rate*	Provider Type	Provider Specialty	Procedure Code
Residential Habilitation: Reserved Capacity	Day	1 Person	$92.57	$84.15	52	521	W9001
		2 People	$50.47	$45.88			W9030
		3 People	$33.65	$30.59			W9046

Note: Residential Habilitation levels are based on the participant's assessed needs. It is the responsibility of the provider to set appropriate staffing levels to meet the participant's needs.

Limitations: A participant who is receiving Residential Habilitation services in a Community Home where that participant is the only person receiving services in that home may not also receive Specialized Skill Development/Community Support on the same day the participant is receiving Residential Habilitation (Community Home) consistent with ODP policy.

Facility capacity is limited to two participants per Life Sharing Home.

Facility capacity is limited to four or fewer participants per Community Home. A setting that is a duplex, two bilevel units and two side-by-side apartments enrolled to provide waiver services on or after the effective date of 55 Pa. Code Chapter 6100 regulations shall not exceed a program capacity of 4 in both units.

All residential habilitation settings in which Residential Habilitation Services 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 residential habilitation setting must be separate from any other ODP-funded residential habilitation setting and must be dispersed in the community and not surrounded by other ODP-funded residential habilitation settings. Locations that share only one common party wall are not considered contiguous. Residential habilitation settings where Residential Habilitation services are provided should be located in the community and surrounded by the general public. New residential habilitation settings or changes to existing residential habilitation settings must be approved by ODP or its designee utilizing the ODP residential habilitation setting criteria. Residential Habilitation may not be provided in a home enrolled on or after February 1, 2020 that is adjacent to any of the following regardless of the funding source of the individuals served:

- Licensed public and private (ICF/ID) (55 Pa. Code Chapter 6600) or ICF/ORC.
- Licensed Personal Care Homes (55 Pa. Code Chapter 2600).
- Licensed Assisted Living Residences (55 pa. Code Chapter 2800).
- Licensed Adult Training Facilities (55 Pa. Code Chapter 2380).
- Licensed Vocational Facilities (55 Pa. Code Chapter 2390).
- Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11).

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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Exceptions are allowed for Residential Service locations to share one common party wall with one other Residential Service location funded through ODP's waivers in the form of a duplex, two bilevel units, and two side-by-side apartments. This exception does not extend to Residential Service locations that are not funded through ODP's waivers.

Settings enrolled on or after February 1, 2020 shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation being provided.

Service Definition: Residential habilitation assists individuals in acquiring, retaining, and improving the communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community when services provided in a more integrated setting cannot meet the participant's health and safety needs. This service also includes any necessary assistance in performing activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant's capacity to perform these tasks independently.

This service includes the following supports, as appropriate to address the participant's goals, as documented in the participant's ISP and 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. Develop and maintain positive interactions and relationships with residents of one home and share meals and activities, as appropriate.
3. Learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying out 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.
4. Manage or participate in management of medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records.
5. Manage his or her emotional wellness including self-management of emotional stressors and states such as disappointment, frustration, anxiety, anger, depression, and access mental health services.
6. Participate in, and when preferred, direct the person-centered planning process.
7. Develop or expand decision making skills, including identifying options/choices and evaluating options/choices against personal preferences and desired goals. This includes assistance with identifying supports available within the community.
8. Promote financial stability through management of personal resources, general banking and balancing accounts, record keeping, managing savings accounts and participating in 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, consistent with the participant's preferences. The service may require knowledge and use of sign language or interpretation for participants whose primary language is not English.
10. Be mobile by assisting him or her with using a range of transportation options including buses, trains, cab services, driving, and joining car pools, etc.
11. Develop and manage relationships with other residents of the same home and, 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 his or her 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 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 explore.
15. Participate in preferred activities of community life such as shopping or going to restaurants, museums, movies, concerts and faith-based services.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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This service includes transportation to community activities not included in the Medicaid State Plan or other services in this waiver. Those transportation costs are built into the rate for this service.

To the extent that Residential Habilitation is provided in community settings outside of the residence, those settings must be inclusive in the community rather than segregated.

Residential Habilitation does not include payment for room or board.

Residential Habilitation services must be necessary to achieve the expected outcomes identified in the participant's ISP. Prior to Residential Habilitation services being authorized, the SC, in collaboration with the ISP team, must justify the need for Residential Habilitation services by completing a Residential Habilitation Request Form. This process is designed to ensure that services are provided in the most integrated environment.

Residential Habilitation providers must ensure that each participant has the right to the following:
1. To receive scheduled and unscheduled visitors and to communicate and meet privately with individuals of their choice at any time.
2. To send and receive mail and other forms of communication, unopened and unread by others.
3. To have unrestricted and private access to telecommunications.
4. To manage and access his or her own finances.
5. To choose any individual with whom they will be sharing a bedroom.
6. To furnish and decorate his or her bedroom and the common areas of the home.
7. To lock his or her bedroom door.
8. To decide what and when to eat and have access to food at any time.
9. To 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 ISP team and justified in the ISP. When any of these rights are modified due to requirements in a court order, the modification must be included in the ISP and must be followed.

The Residential Habilitation provider shall ensure that a room and board residency agreement, on a form specified by BAS, is executed annually. The provider is responsible to provide a copy of the agreement to the participant's assigned Supports Coordinator annually.

The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met and to modify the ISP as necessary. The review must include an assessment of the participant's progress, identification of needs, and plans to address those needs.

Residential Habilitation is provided in a licensed facility not owned by the participant or a family member. Residential Habilitation is provided in two types of licensed facilities:

• Community Homes for Individuals with an Intellectual Disability or Autism (55 Pa. Code Chapter 6400): A licensed Community Home is a home where services are provided to individuals with an intellectual disability or autism. A community home is defined in regulations as, "A building or separate dwelling unit in which residential care is provided to one or more individuals with an intellectual disability or autism" and
• Family Living Homes licensed under Title 55 Pa. Code Chapter 6500.

If the participant receives Specialized Skill Development services, this service includes implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP), and/or the Systematic Skill Building plan (SBP). Residential Habilitation includes collecting and recording the data necessary to support review of the ISP, the BSP, and the SBP.

Residential Habilitation services must be delivered in Pennsylvania.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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Providers may use the Residential Habilitation Reserved Capacity to reserve an individual's residential placement during the individual's medical, hospital, or therapeutic leave not to exceed 180 consecutive calendar days from the individual's departure from the residential service location (55 Pa. Code Ch. 6100.55).

This service has two rates, Area 1 and Area 2. Area 1 rates apply to Bucks, Carbon, Chester, Delaware, Lehigh, Monroe, Montgomery, Northampton, Philadelphia and Pike counties. Area 2 rates apply to the remaining counties in Pennsylvania.

Provider Qualifications*: Only qualified service agencies may enroll for this service. Residential Provider (Life Sharing) must hold a 55 Pa. Code Chapter 6500 License and the Residential Provider (Community Home) must hold a 55 Pa. Code Chapter 6400 License.

Individuals furnishing this service must meet the following qualifications:

- Be age 18 or older
- Have a high school diploma or equivalent
- If transporting participants, have a valid driver's license and automobile insurance
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).
- Meet requirements of the applicable licensing chapter, 55 Pa. Code Chapter 6500 or 6400.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	*Unit*	*Rate*	*Provider Type*	*Provider Specialty*	*Procedure Code*
Respite – Agency Managed In-Home	15 min	$6.12	51	512	W7213
Respite – Agency Managed Out-of-Home (Licensed)	Day	$216.80	51	513	W7211
	15 min	$5.42			W7212
Respite – Agency Managed Out-of-Home (Unlicensed)	Day	$166.42			W9495
	15 min	$4.16			W9596

Limitations: Expenditure for Respite is limited to 30 times the day unit rate for respite in a licensed facility per year, with the year starting on the ISP plan effective date. The participant may receive both hourly and daily respite during the year as long as the amount of respite does not exceed the amount approved on the participant's ISP. In the event that respite services would be needed beyond the above limits in order to assure health and welfare, an exception to this limit may be requested. In this situation, the SC will convene an ISP meeting of the participant and other team members within 5 business days of the need for an exception being identified to assure the participant's health and welfare through other supports and services, including requesting an exception to the limitation on respite services.

Respite services (15-minute unit services only) may not be provided at the same time that Community Support, Day Habilitation, Supported Employment (when provided directly to the participant), or Small Group Employment Services is provided.

Service Definition: Respite provides planned or emergency short-term relief to a participant's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. Respite may be delivered in the participant's home, unlicensed home controlled by a provider or a private home of staff of a Respite provider, a home owned by a Respite agency provider, Family Living home (Title 55 Pa. Code Chapter 6500), or Community Home (Title 55 Pa. Code Chapter 6400). Respite may also be provided in general public community settings such as parks, libraries, museums, and stores. Respite may be provided either in or out of the participant's home. Respite services facilitate the participant's social interaction, use of natural supports and typical community services available to all people, and participation in volunteer activities. This service includes activities to improve the participant's capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Respite includes on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision. To the degree possible, the respite provider must maintain the participant's schedule of activities.

If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. The service includes collecting and recording the data necessary to support review of the Individual Support Plan and the behavioral support plan.

This service does not include room and board when delivered in the participant's home. Federal financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Travel time may not be billed by the provider as a discrete unit of this service. This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania. Respite is provided as follows:

- In the participant's home or out of the home in units of 15 minutes. Intended to provide short-term respite. Respite does not include room and board when provided in the participant's home.
- Out of the home in units of a day which is defined as 10 or more hours of out of home respite. Intended to provide overnight respite. Respite services when provided outside the home include room and board.

Provider Qualifications*: Only qualified service agencies may enroll for this service.

Individuals furnishing this service must meet the following qualifications:

- Be age 18 or older
- Have a high school diploma or equivalent
- If transporting participants, have a valid driver's license and automobile insurance
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Small Group Employment	15 min	$2.36	<1:6 ->1:3.5	51	516	W0012
		$3.98	<1:3.5 - >1:1			W0011

Limitations: Total combined hours for Specialized Skill Development/Community Support, Day Habilitation, Supported Employment (Intensive Job Coaching, Direct and Extended Employment Supports, Direct) and Small Group Employment services are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must request an exception to the limit consistent with ODP policy.

Small Group Employment may not be provided at the same time that quarter hourly-reimbursed Respite, Day Habilitation, Community Support, or Supported Employment service (when provided directly to the participant) is provided.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:
• Incentive payments made to an employer to encourage or subsidize the employer's participation in Small Group Employment services; or
• Payments that are passed through to users of Small Group Employment services.

Service Definition: Small Group Employment services are direct services that provide community employment opportunities in which the participant is working alongside other people with disabilities. The intent of this service is to support individuals in transition to competitive integrated employment. Small Group Employment may not be provided in a facility subject to Title 55, Chapter 2380 or Chapter 2390 regulations. Small Group Employment does not include Supported Employment services. Participants 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 options include: mobile work force, workstation in industry, affirmative industry, and enclave. Small Group Employment is only billable when supporting the participant during the time that he or she is working and receiving wages through one of these service options or during transportation to a work site.

- A Mobile Work Force uses teams of individuals, supervised by a training/job supervisor, who conduct service activities 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 individuals 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 individual(s) demonstrate job expertise and meet 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 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 are employed by a business/industry to perform specific job functions while working alongside workers without disabilities.

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.

The service includes transportation that is an integral component of the service, for example, transportation to a work site.

Small Group Employment must be necessary to achieve the expected outcomes identified in the participant's ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met, to ensure the participant is aware of employment options, and to modify the ISP as necessary. The review must include an assessment of the participant's progress, identification of needs, and plans to address those needs. It is the participant and services provider's responsibility to notify the SC of any changes in the employment activities and to provide the SC with copies of the referenced evaluation. The cost of transportation provided by staff to and from job sites is included in the rate paid to the program provider.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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If the participant receives Specialized Skill Development services, this service includes implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP) and/or the Systematic Skill Building plan (SBP). The service includes collecting and recording the data necessary to support review of the ISP, BSP, and the SBP.

Effective 7/1/19, Small Group Employment may be provided without referring a participant to OVR as OVR does not provide Small Group Employment.

Provider Qualifications*: Only qualified service agencies may enroll for this service.

Staff working directly with the participant must have one of the following by 07/01/2020 or within 6 months of hire if hired after 01/01/2020:

- 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 07/01/2020, 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 for no longer than 6 months from the date of hire to allow the new hire time to obtain the certification.

Individuals furnishing this service must meet the following qualifications:

- Be age 18 or older
- Have a high school diploma or equivalent
- If transporting participants, have a valid driver's license and automobile insurance
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Specialized Skill Development: Behavioral Specialist	Unit (Develop Plan, FBA)	$1,469.93	1:1	51	420	96150	N/A
	15 min	$18.37	1:1	51	420	96151	HB: Direct Service Age 21-64 HC: Direct Service Age 65+ HT: Consultation
Specialized Skill Development: Community Support	15 min	$9.00	1:1	51	510	W7201	N/A
		$5.00	1:2			W7204	
		$3.33	1:3			W7205	
Specialized Skill Development: Systematic Skill Building	Unit (Plan Develop, SBP)	$491.76	1:1	51	427	W7214	N/A
	15 min (Ongoing)	$15.37				W7215	
	15 min (Consult)					W7216	

Limitations: Behavioral Specialist, Specialized Skill Building, and Community Support may be furnished in a participant's home and at other community locations, such as libraries or stores.

Total combined hours for Community Support, Day Habilitation, Supported Employment (Intensive Job Coaching, Direct and Extended Employment Supports, Direct) and Small Group Employment are limited to 50 hours in a calendar week. Exceptions to this limit may be considered based upon a needs assessment and require prior authorization by ODP consistent with ODP policy.

Community Support may not be provided at the same time that quarter hourly-reimbursed Respite, Day Habilitation, Small Group Employment, or Supported Employment services (when provided directly to the participant) are provided.

A participant who is receiving Residential Habilitation services in a Community Home where that participant is the only person receiving services in that home may not also receive Specialized Skill Development/Community Support on the same day the participant is receiving Residential Habilitation (Community Home) consistent with ODP policy.

Service Definition: Specialized Skill Development (SSD) is used to address challenges participants may have because of limited social skills, perseverative behaviors, rigid thinking, difficulty interpreting cues in the natural environment, limited communication skills, impaired sensory systems, or other reasons. SSD uses specialized interventions to increase adaptive skills for greater independence, enhance community participation, increase self-sufficiency and replace or modify challenging behaviors. The intent of SSD is also to reduce the need for direct personal assistance by improving the participant's capacity to perform tasks independently. Supports focus on positive behavior strategies that incorporate a proactive understanding of behavior and skill-building, not aversive or punishment strategies. Services are based on individually-tailored plans developed by people with expertise in behavioral supports and independent living skills development.

Three levels of support are included:

A. Behavioral Specialist Services (BSS)

BSS provides specialized interventions that assist a participant to increase adaptive behaviors to replace or modify challenging behaviors of a disruptive or destructive nature that prevent or interfere with the participant's inclusion in home and family life or community life. The BSS promotes consistent implementation of the Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP) across environments and across people with regular contact with the participant, such as family, friends, neighbors and other providers. Consistency is essential to skill development and reduction of problematic behavior. BSS includes both the development of an initial BSP and ongoing behavioral supports.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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1. **Initial BSP Development** includes the following activities carried out by the qualified Behavioral Specialist:
   - Conducts a Functional Behavior Assessment (FBA) of behavior and its causes, and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate BSP may be designed;
   - Develops an individualized, comprehensive BSP—a set of interventions to be used by people coming into contact with the participant to increase and improve the participant's adaptive behaviors—within 60 days of the start date of the BSS.
   - Develops a CIP that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator (SC) 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.
   - Enters the BSP and the CIP into HCSIS.
   - Upon completion of plan development, meets with the participant, family members, SC, other providers, and employers to explain the BSP and the CIP to ensure all parties understand the plans.
   - The BSP justifies necessary levels of BSS. ODP reviews the amount of direct and consultative service requested before authorization to ensure it is appropriate given the needs identified.

2. **Ongoing Support** can occur both before and after the completion of the BSP. If the participant needs behavioral support before the BSP and CIP are developed, the SC may submit a request to ODP for ongoing support to be provided during plan development. This service may be furnished in a participant's home and at other community locations.
   - <u>Direct supports include:</u>
     - Support of and consultation with the participant to help them understand the purpose, objectives, methods, and documentation of the BSP, evaluate the effectiveness of the BSP and review recommended revisions;
     - Crisis intervention supports provided directly to the participant in response to a behavioral episode that manifests with acute symptoms of sufficient severity such that a prudent layperson, could reasonably expect that the absence of immediate intervention will result in placing the participant and/or the persons around the participant in serious jeopardy including imminent risk of institutionalization or place the participant at imminent risk of incarceration or result in the imminent damage to valuable property by the participant.
   - <u>Consultative supports include:</u>
     - Support of family members, friends, waiver providers, other support providers, and employers to help them understand the purpose, objectives, methods of implementation, and how progress of the BSP is collected and documented and to understand any revisions that have been made to the plan which have previously been agreed upon with the participant;
     - Monitoring and analyzing data collected during the BSP implementation based on the goals of the BSP;
     - If necessary, modification of the BSP or the CIP, possibly including a new FBA, based on data analysis of the plans implementation; and
     - Crisis intervention supports provided to informal or formal caregivers in response to a behavioral episode that manifests with acute symptoms of sufficient severity such that a prudent layperson, could reasonably expect that the absence of immediate intervention will result in placing the participant and/or the persons around the participant in serious jeopardy including imminent risk of institutionalization or place the participant at imminent risk of incarceration or result in the imminent damage to valuable property by the participant.

The SSD provider must have a Behavioral Specialist available for crisis intervention support 24-hours a day, 7 days a week. The Behavioral Specialist on call for crisis response and the SC must have access to the participant's CIP. The SC is responsible for ensuring that the participant's BSP and CIP are consistent with the participant's ISP, and will reconvene the planning team if there are any discrepancies. When a BSP or CIP is revised, the Behavioral Specialist must update the BSP and CIP in HCSIS and notify the participant and representative, if applicable, the SC, and all providers responsible for implementing the plan of the changes that were made to the BSP or CIP.

Travel time may not be billed by the provider as a discrete unit of this service.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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B. Systematic Skill Building (SSB)

SSB uses evidence-based methods to help the participant acquire skills that promote independence and integration into the community, which are not behavioral in focus. While SSB develops a Skill Building Plan (SBP) based on the participant's goals, the person providing SSB is not the primary implementer of that Plan. People who provide other supports such as Community Support, Supported Employment, Day Habilitation or Residential Habilitation are primarily responsible for implementation of the SBP. Other people with regular contact with the participant—such as family, friends, neighbors and employers--may also implement the SBP to ensure consistent application of the approach determined most effective for that participant's skill acquisition. Aligning paid and natural supports in using the same SBP also promotes generalization of skills across different environments, often a challenge for individuals with ASD. Possible skills include how to cook or use public transportation.

1. **SBP Development** includes the following activities carried out by the qualified Skill Building provider:

- Conducts an evaluation of the participant's abilities and learning style that is related to goals in the ISP. The evaluation may include the participant's history with skill acquisition as well as identification of the participant's baseline skills.
- Within 60 days of the start date of SSB, a SBP must be developed to address objectives that are aligned with the goals of SSB. The SBP should be informed by Applied Behavior Analysis and use techniques such as backward and forward chaining, prompting, fading, generalization and maintenance to develop adaptive skills and promote consistency of instructional methods across environments. The SBP includes benchmarks for assessing progress. A participant's SBP may address multiple skills, as appropriate to address different goals or objectives.
- The SBP justifies necessary levels of SSB services. ODP reviews the amount of direct and consultative service requested before authorization to ensure it is appropriate given the needs identified.
- Upon completion of the initial SBP, meets with the participant, family, SC, and other providers to explain the SBP to ensure all parties understand the plan, how to implement it, how to collect necessary data for evaluating effectiveness, and the importance of its consistent application.

2. Ongoing Support: Upon completion of the initial SBP, the SSB provider provides direct and consultative supports. This service may be furnished in a participant's home and at other community locations.

- Direct supports include:
  - Support of and consultation with the participant to help them understand the purpose, objectives, methods, and documentation of the SBP and review recommended revisions;
  - Direct interaction or observation of the participant to evaluate progress and the need to revise the SBP or its objectives.
- Consultative supports include:
  - Support of family members, friends, waiver providers, other support providers, and employers to help them understand the purpose, objectives, methods, and documentation of the SBP and to understand any revisions that have been made to the plan which have previously been agreed upon with the participant;
  - Monitoring and analyzing data collected during implementation of the SBP based on the goals of the SBP;
  - Modifying and revising the SBP.

*Note: This support can be provided with or without the participant present. If support is being provided to others with the participant present, the provider should bill the direct component of this service. If the support is being provided to others without the participant present, the provider should bill the consultative component of this service. The provision of Systematic Skill Building can be provided at the same time as a waiver service that is responsible for implementing the Skill Building Plan.

Travel time may not be billed by the provider as a discrete unit of this service.

C. Community Support

Community Support assists participants in acquiring, retaining, and improving communication, socialization, self-direction, self-help, and other adaptive skills necessary to reside in the community. Community Support facilitates social interaction; use of natural supports and typical community services available to all people; and participation in education and volunteer activities. Community Support includes activities that improve capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Community Support may include personal assistance in completing

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

activities of daily living and instrumental activities of daily living as an incidental component. Community Support must be necessary to achieve the expected goals and objectives identified in the participant's ISP. It may include implementation of the BSP, the CIP and/or the SBP and collecting and recording the data necessary in order to evaluate progress and the need for revisions to the plan(s).

Community Support may be provided at three staffing levels, each with a different rate: one direct support professional to one participant, one direct support professional to two participants and one direct support professional to three participants. The lower staffing level options should be used to allow flexibility in the level of support at times when two or three participants who share the same SSD/Community Support provider are engaged in the same activity. The staffing level is determined by the participant's need for support. One to one support is still available at those times when the participant's needs warrant it, or if the group activity is with participants using different providers. This service is provided primarily in private homes and in unlicensed, community-based settings.

Transporting participants may be billed by the provider as a discrete unit only when the participant is in the vehicle and the travel is integral to the delivery of the service.

Provider Qualifications*: Only qualified service agencies may enroll to provide this service.

Individuals furnishing Behavioral Specialist Services must meet the following qualifications:

- Hold a Pennsylvania Behavior Specialist License
  OR a Master's Degree (MA/MS) in Social Work, Psychology, Education, or Applied Behavior Analysis
  OR an MA/MS with 50% or more coursework in Applied Behavior Analysis
  OR an MA/MS in a human services field related to Social Work, Psychology or Education (and is housed in the institution's Department or School of Social Work, Psychology, or Education) with 33% or more coursework in Applied Behavior Analysis
- Complete training in conducting and using a Functional Behavioral Assessment (FBA) and in positive behavioral support
  - The training must be provided by either the BSASP or by an accredited college or university
  - If this training was not provided by the BSASP, BSASP must review and approve the course description
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).
- Complete required training developed by BSASP for SSD: Behavioral Specialist Services for people with autism spectrum disorders
- If transporting a participant, have a valid driver's license and automobile insurance

Individuals furnishing Systematic Skill Building must meet the following qualifications:

- Hold at least a Bachelor's Degree (BA/BS) in Social Work, Psychology or Education
  OR at least a BA/BS in a human services field related to Social Work, Psychology or Education
  OR at least a BA/BS in another field AND 3 years' experience directly supporting individuals with ASD in the community
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).
- Complete required training developed by BSASP for SSD: Systematic Skill Building Services for people with autism spectrum disorders
- If transporting participants, have a valid driver's license and automobile insurance

Individuals furnishing Community Support must meet the following qualifications:

- Be at least 18 years old
- If transporting participants, have a valid driver's license and automobile insurance
- Have at least a high school degree or equivalent
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	*Unit*	*Rate*	*Staffing*	*Provider Type*	*Provider Specialty*	*Procedure Code*
Supported Employment: Intensive Job Coaching	15 min	$10.95	1:1	53	531	W7200 (Direct)
						W7207 (Indirect)
Supported Employment: Extended Employment Supports			1:1			W7206 (Direct)
						W7202 (Indirect)

Limitations: Intensive Job Coaching may be authorized every 6 months for a total of 18 consecutive months.

Extended Employment Supports may be authorized up to a maximum of 416 hours per year, with the year starting on the ISP authorization date.

Providers of Supported Employment services may not also be the employer of the participant to who they provide Supported Employment.

The total combined hours for Community Support, Day Habilitation, Small Group Employment and Supported Employment services (Intensive Job Coaching, Direct and Extended Employment Supports, Direct) are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must request an exception to the limit consistent with ODP policy.

Supported Employment (when provided directly to the participant) may not be provided at the same time that quarter hourly-reimbursed Respite, Day Habilitation, Community Support, or Small Group Employment is provided.

Service Definition: Supported Employment services are individualized services, for the benefit of a single participant at one time, to provide assistance to participants who need ongoing support to maintain a job in a self-employment or competitive employment arrangement in an integrated work setting in a position that meets a participant's personal and career goals. Participants receiving Supported Employment services must be compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by employees without disabilities. Supported Employment may also be used to support a participant who is self-employed to provide ongoing assistance, counseling and guidance once the business has been launched.

Supported Employment is specific to the participant and can be provided both directly to the participant and indirectly for the benefit of the participant. For instance, if the participant has lost skills, or requirements of the job are expected to change, or a co-worker providing natural supports is leaving, the employer may wish to consult with the Supported Employment provider in person, by phone, by e-mail or by text, regarding how best to address that issue and effectively support the participant.

Supported Employment may include personal assistance as an incidental component of the service.

If the participant receives Specialized Skill Development services, the Supported Employment service includes implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP), and/or the Systematic Skill Building plan (SBP). The Supported Employment service includes collecting and recording the data necessary to support review of the Individual Support Plan (ISP), the BSP and the SBP.

Travel time may not be billed by the provider as a discrete unit of this service.

Supported Employment may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Supported Employment includes two components: Intensive Job Coaching and Extended Employment Supports.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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1. Intensive Job Coaching:

Intensive Job Coaching includes onsite job training and skills development, assisting the participant with development of natural supports in the workplace, coordinating with employers, coworkers (including developing coworker supports) and customers, as necessary, to assist the participant in meeting employment expectations and addressing issues as they arise, such as training the participants in using public transportation to and from the place of employment. Supported Employment services do not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business.

Intensive Job Coaching provides on-the-job training and support to assist participants in stabilizing in a supported or self-employment situation. Intensive Job Coaching supports participants who require on-the-job support for more than 20% of their work week at the outset of the service, with the expectation that the need for support will diminish during the Intensive Job Coaching period (at which time, Extended Employment Supports will be provided if ongoing support is needed).

Intensive Job Coaching at the same employment site must be reauthorized after 6 months and may only be reauthorized twice, for a total of 18 consecutive months of Job Coaching support for the same position. A participant who needs Intensive Job Coaching at the same employment site for more than 18 consecutive months must request an exception to the limit consistent with ODP policy.

Intensive Job Coaching may be reauthorized for the same location after a period of Extended Employment Supports, due to a change in circumstances (such as new job responsibilities, personal life changes, or a change of supervisor).

2. Extended Employment Supports:

Extended Employment Supports are ongoing support available for an indefinite period as needed by the participant for 20% or less of their work week. Extended Employment Supports are available to support participants in maintaining their paid employment position or self-employment situation. This may include reminders of effective workplace practices and reinforcement of skills gained prior to employment or during the period of Intensive Job Coaching, coordinating with employers or employees and coworkers (including maintaining coworker supports). At least 1 visit per month to the participant at the work place is required in order to understand the current circumstances at the job site and to evaluate the participant's level of need for the Supported Employment service, firsthand. This monthly monitoring will inform the employment supports provided by this service.

Supported Employment services cannot be provided in facilities that are not a part of the general workplace.

Supported Employment does not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the workplace.

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

- The services are not available to the participant under a program funded by either the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act of 2014, or the Individuals with Disabilities Education Act;
- The Office of Vocational Rehabilitation (OVR) has closed the participant's case or has stopped providing services to the participant;
- 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, or a participant has received an offer of competitive integrated employment prior to OVR making an eligibility determination, then OVR services are considered to not be available to the participant; or
- The participant is determined ineligible for OVR services.

A participant does not need to be referred to OVR if the participant is competitively employed and solely needs supported employment to maintain the participant's current job.

In the event that OVR closes the order of selection, the following process will be followed from the effective date until the closure is lifted:

• A participant who has been referred to OVR, but does not have an approved Individualized Plan for Employment (IPE) may receive Supported Employment.

• A participant who has not been referred to OVR may receive Supported Employment without a referral to OVR.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following: Incentive payments made to an employer to encourage or subsidize the employer's participation in Supported Employment services; or Payments that are passed through to users of Supported Employment services.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Provider Qualifications*: Only qualified service agencies may enroll to provide this service.

Staff working directly with the participant must have one of the following by 07/01/2020 or within 6 months of hire if hired after 01/01/2020:

- 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 07/01/2020, 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 for no longer than 6 months from the date of hire to allow the new hire time to obtain the certification.

Individuals furnishing this service must meet the following qualifications:

- Be age 18 or older
- Have a high school diploma or equivalent
- If transporting participants, have a valid driver's license and automobile insurance
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).
- Complete required training developed by BSASP for Employment/Vocational Services for people with autism spectrum disorders.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Supports Coordination	1 Unit (Develop Plan, ISP)	$818.59	1:1	21	214	W7199
	15 min (Ongoing)	$17.05	1:1	21	214	T2024

Limitations: The maximum caseload for a Supports Coordinator is 35 waiver participants, including participants in other Pennsylvania HCBS waivers, unless the requirement is waived by ODP in order to ensure a sufficient supply of Supports Coordinators in the waiver. An SC may not act as his or her own supervisor.

Note: A Supports Coordination Organization which meets the standards for an Organized Healthcare Delivery System (OHCDS) may furnish Community Transition Services, Assistive Technology, Home Modifications, Transportation and Vehicle Modifications.

A participant's Supports Coordination Organization may not have a fiduciary relationship with providers of the participant's other services, except for Community Transition Services, Assistive Technology, Home Modifications, Transportation and Vehicle Modifications.

A participant's Supports Coordination Organization may not own or operate providers of Community Transition Services, Assistive Technology, Home Modifications, Transportation and Vehicle Modifications with which it is acting as an OHCDS.

Support Coordination may not duplicate payments made to public agencies or private entities under the Medicaid State plan or other program authorities. A participant's Supports Coordination Organization may not provide any other waiver services for that individual.

Service Definition: Supports Coordination involves the location, coordination, and monitoring of needed services and supports. The Supports Coordinator (SC) assists participants in obtaining and coordinating needed waiver and other State plan services, as well as housing, medical, social, vocational, and other community services, regardless of funding source. The service includes both the development of an ISP and ongoing supports coordination.

1. Initial Plan Development: The Supports Coordinator:

- Conducts assessments to inform service planning, including i) the Scales of Independent Behavior-Revised (SIB-R) to assess each participant's strengths and needs regarding independent living skills and adaptive behavior; ii) for participants living with family members, the Parental Stress Scale to evaluate the total stress a family caregiver feels based on the combination of the participants' and caregivers' characteristics; and iii) assessment information on the ISP form regarding the person's desired goals and health status. The SC completes the SIB-R and receives the Parental Stress Scale in advance of the initial ISP meeting. The assessment information on the ISP form is completed during the ISP team meeting.
- Develops an initial ISP using a person-centered planning approach to help the planning team develop a comprehensive ISP to meet the participant's identified needs in the least restrictive manner possible. The planning team includes the SC, the participant, and other individuals the participant chooses.
- The SC also ensures participant choice of services and providers by providing information to ensure participants make fully informed decisions.
- Initial Plan Development includes Supports Coordination to facilitate community transition for individuals who received Medicaid-funded institutional services (i.e., ICF/ID, ICF/ORC, nursing facility, and Institution for Mental Disease) and who lived in an institution for at least 90 consecutive days prior to their transition to the waiver. Supports Coordination activities for people leaving institutions must be coordinated with and must not duplicate institutional discharge planning.
- Assisting the participant and his or her representative with finding, arranging for, and obtaining services specified in an ISP;
- Informs participants about and facilitates access to unpaid, informal, local, generic, and specialized non-waiver services and supports that may address the identified needs of the participant and help the participant achieve the goals specified in the ISP;
- Provides information to participants on the right to a fair hearing and assists with fair hearing requests when needed and upon request;
- Assists participants in gaining access to needed services;
- Assists participants in participating in civic duties.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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2. Ongoing Supports Coordination: Upon completion of the initial plan, the SC:

- Provides ongoing monitoring of the services included in the participant's ISP. The SC must meet the participant in person no less than quarterly to ensure the participant's health and welfare, to review the participant's progress, to ensure that the ISP is being implemented as written, and to assess whether the team needs to revise the ISP. Within each year, at least one visit must occur in the participant's home. At least one visit must occur in a location outside the home where the participant receives services, if services are furnished outside the home. In addition, the SC must contact the participant, his or her guardian, or a representative designated by the participant in the ISP at least monthly, or more frequently as necessary to ensure the participant's health and welfare. These contacts may also be made in person. Monitoring the health and welfare of participants includes the review of information in health risk screening tools, when applicable, or whether there have been any changes in orders, plans or medical interventions prescribed or recommended by medical or behavioral professionals and whether those changes are being implemented.
- If the participant receives Behavioral Specialist Services, the SC ensures the participant's Behavioral Support Plan and Crisis Intervention Plan are consistent with the ISP, and reconvenes the planning team if necessary.
- Reconvenes the planning team to conduct a comprehensive review of the ISP at least annually or sooner if a participant's needs change or if a participant requests that the planning team be reconvened.
- Reviews participant progress on goals/objectives and initiates ISP team discussions or meetings when services are not achieving desired outcomes.
- The SC annually completes the SIB-R, the Parental Stress Scale, and the assessment information on the ISP form as part of the comprehensive review. The SC will use information from the assessments, as well as any additional assessments completed based on the unique needs of the participant, to revise the ISP to address all of the participant's needs.
- At the annual ISP meeting, the SC will provide the participant and his or her family with information on competitive integrated employment during the planning process and upon request.
- At least annually, the SC assists the participant's physician, physician's assistant, or nurse practitioner in completing the Medical Evaluation form as necessary. This includes helping the participant to schedule the appointment, helping the participant to arrange for transportation to the appointment, reviewing the completed form to ensure it is completed accurately, answering questions from the medical professional completing the medical evaluation, including the purpose of the form, and facilitating that the medical evaluation form is shared with the supports coordinator who keeps the original in the participant's file.
- Informs participants about and facilitates access to unpaid, informal, local, generic, and specialized non-waiver services and supports that may address the identified needs of the participant and help achieve the goals specified in the ISP.
- Provides information to participants on the right to a fair hearing and assists with fair hearing requests when needed and upon request.
- Assists participants in participating in civic duties.
- Coordinates ISP planning with providers of service to ensure there are no gaps in service or inconsistencies between services; coordinates with other entities, resources and programs as necessary to ensure all areas of the participant's needs are addressed; and contacts family, friends, and other community members as needed to facilitate coordination of the participant's natural support network.
- Assists with resolving barriers to service delivery.
- Keeps participants and others who are responsible for planning and implementation of non-waiver services included in the ISP informed of participant's progress and changes that may affect those services.
- Responds to and assesses emergency situations and incidents and assures that appropriate actions are taken to protect the health and welfare of participants.
- Arranges for modifications of services and service delivery, as necessary to address the needs of the participant, and modifies the ISP accordingly.
- Works with ODP on the authorization of services on an ongoing basis and when ODP identifies issues with requested services.
- Communicates the authorization status of services to ISP team members, as appropriate.

The Supports Coordinator must ensure that the participant's initial and annual approved service plans are distributed to the participant, family, and ISP team members who do not have access to HCSIS within a timeframe established by ODP policy, or upon request.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. Travel time may not be billed by the provider as a discrete unit of this service.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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If a participant refuses Supports Coordination services, ODP staff will perform the Supports Coordination tasks described in this waiver to assure health and welfare of the participant.

Supports Coordination Organizations must use HCSIS to maintain case records that document the following for all individuals receiving Supports Coordination:

1) The name of the individual.
2) The dates of the Supports Coordination services.
3) The name of the provider agency (if relevant) and the person providing the Supports Coordination.
4) The nature, content, units of the case management services received and whether goals specified in the ISP have been achieved.
5) Whether the individual has declined services included in the ISP.
6) The need for, and occurrences of, coordination with other SCs or case managers.
7) A timeline for obtaining needed services.
8) A timeline for reevaluation of the ISP.

Supports Coordination services to facilitate transition from an institution to the community are limited to services provided within 180 days of the person leaving the facility. Providers may not bill for this service until the date of the person's entry into the waiver program.

Provider Qualifications*: Only qualified service agencies may enroll for this service.

Individuals furnishing this service must meet the following qualifications:

- Have at least a Bachelor's degree in Education, Psychology, Social Work, or other related social sciences
- Have either 1) at least three years' experience providing case management for people with disabilities or 2) at least three years' experience working with people with autism spectrum disorders
- If transporting participants, have a valid driver's license and automobile insurance
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).
- Complete required training developed by BSASP for AAW Supports Coordination for people with autism spectrum disorders.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	*Unit*	*Rate*	*Staffing*	*Provider Type*	*Provider Specialty*	*Procedure Code*
Temporary Supplemental Services	15 min	$9.00	1:1	51	536	W7236

Limitations: Services are limited to 540 hours in a twelve-month period beginning on the date this service was first authorized. This service is used in response to an urgent, temporary need, therefore, it would not typically be included in an ISP during annual renewal, but be added through the Critical Revision process as needed. Within 5 business days of the HCSIS alert indicating submission of the Critical Revision, ODP will complete the review of the Critical Revision.

This service may be provided in 55 Pa. Code Chapter 6400 Community Homes that serve no more than four persons at any one time.

Service Definition: Temporary Supplemental services provide additional staff in the short term when it has been determined that the participant's health and welfare is in jeopardy and needed supports and services cannot be provided without additional staff assistance. This service is intended for those unforeseen circumstances which trigger a need for a time limited increase in support. This service is intended for circumstances such as unplanned stressful life events which increase a participant's risk of a crisis event (such as the recent loss of a family member), or to support a participant to return to baseline following a recent crisis event, which triggered a need for a time-limited increase in support.

Temporary Supplemental services staff support the family, informal support network and existing services providers in avoiding a participant's entering into crisis or in stabilizing a participant following a crisis. If the participant receives Behavioral Specialist Services, this service includes implementing the behavioral support plan. The need for the Temporary Supplemental services will be determined by ODP based on information and documentation from the SC, the Behavioral Specialist (if the participant receives Behavioral Specialist services), clinicians involved in the participant's care and other members of the ISP team including the participant and family or representative. ODP reviews the continued need for the Temporary Supplemental services based on data and information received from the SC, Behavioral Specialist (if the participant receives Behavioral Specialist services), clinicians involved in the participant's care, the participant and other team members, including the family or representative, at least weekly. When it has been determined by the team members that the participant has been stabilized, the Temporary Supplemental services will cease.

This service may be furnished in a participant's home and at other community locations where the participant is receiving supports and services in order to assist the participant with avoiding entering in to a crisis status or transitioning from a crisis status and assure health and welfare. If the participant receives Specialized Skill Building services, this service includes implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP) and/or the Systematic Skill Building plan (SBP). This service includes collecting and recording the data necessary to support review of the ISP, the BSP and the SBP.

A participant receiving Residential Habilitation in a Community Home (Chapter 6400) who needs additional staff support while receiving Residential Habilitation Services on an ongoing basis after Temporary Supplemental services are exhausted may request a change in the Residential Habilitation level.

Travel time may not be billed by the provider as a discrete unit of this service. This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Provider Qualifications*: Only AAW-enrolled Residential Habilitation, Day Habilitation, Life Sharing, and Specialized Skill Development providers may enroll for this service.

Individuals furnishing this service must meet the following qualifications:

- Be age 18 or older
- Have a high school diploma or equivalent
- If transporting participants, have a valid driver's license and automobile insurance
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Therapy: Counseling	15 min	$21.29	1:1	19	425 Psychologist	T2025	HE: Informational, Mental Health
				31	426 Psychiatrist		
				11	421 Social Worker		
					422 Marriage & Family Therapist		
					423 Professional Counselor		
					424 Counseling Agency		
Therapy: Speech/ Language		$15.08		17	173 Speech		GN: Speech Pathology U2: Adult Autism Waiver

Limitations: Medical Assistance, Medicare and private insurance-compensable services cannot be provided through the Medicaid Waiver unless these services are denied by the participant's health care plan(s). Therapies will be provided under the State Plan until the State Plan limitations have been reached.

Service Definition: Therapies are services provided by health care professionals that enable individuals to increase or maintain their ability to perform activities of daily living. Therapies in this waiver are limited to:

- Speech/language therapy provided by a licensed speech therapist or certified audiologist upon examination and recommendation by a certified or certification-eligible audiologist or a licensed speech therapist.
- Counseling provided by a licensed psychologist, licensed psychiatrist, licensed social worker, licensed professional counselor, or licensed marriage and family therapist.

Therapy services are direct services provided to assist individuals in the acquisition, retention, or improvement of skills necessary for the individual to live and work in the community, and must be attached to an individualized outcome. The need for the service must be evaluated on a periodic basis, at least annually or more frequently as needed as part of the ISP process. This evaluation must review whether the individual continues to require the current level of authorized services and that the service continues to result in positive outcomes for the individual. It is recognized, however, that long-term Therapy services may be necessary due to an individual's extraordinary medical or behavioral conditions. The need for long-term Therapy services must be documented in the individual's ISP.

Therapies do not duplicate services under the State plan due to difference in scope, frequency and duration of services and to specific provider experience and training required to accommodate the individual's disability.

Travel time may not be billed by the provider as a discrete unit of this service. The therapy services can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Provider Qualifications*: Only qualified service agencies and individuals may enroll to provide this service. The provider standards in the Medicaid state plan will apply.

Individuals furnishing this service must meet the following qualifications:

- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).
- Hold one of the following licenses:
  - Psychologist - Title 49 Pa. Code Chapter 41
  - Psychiatrist - Title 49 Pa. Code Chapter 17
  - Social Worker - Title 49 Pa. Code Chapter 47
  - Marriage and Family Therapist - Title 49 Pa. Code Chapter 48
  - Professional Counselor - Title 49 Pa. Code Chapter 49

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	*Unit*	*Rate*	*Provider Type*	*Provider Specialty*	*Procedure Code*
Public Transportation	Item		55/26	267	W7272
Transportation – Trip (Zone)	Zone 1	$17.85	55/26	267	W7274
	Zone 2	$32.14			W7275
	Zone 3	$36.51			W7276

Note: Providers that meet the standards for Supports Coordination, Specialized Skill Development, or Supported Employment may subcontract with providers of Transportation as an Organized Health Care Delivery System (OHCDS). See Appendix A for procedure codes and policy on submitting an OHCDS Administrative Fee.

Limitations: 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.

Participants authorized to receive Transportation services may not receive the direct provision of the following services during the same hours they are receiving the direct provision of Transportation: Day Habilitation, Supported Employment, Therapies, Career Planning, Family Support, Nutritional Consultation, Specialized Skill Development (Behavioral Specialist Service, Systematic Skill Building, and Community Support), and Small Group Employment.

Participants authorized to receive Residential Habilitation or Life Sharing services may only be authorized for Transportation services as a discrete service 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.

Expenditure for Transportation is limited to $4,500 per participant's service plan year.

Service Definition: The Transportation service consists of:

1. Public Transportation. Public transportation services are vendor services provided to or purchased for participants to enable them to gain access to services, activities, in the community and resources as specified in their service plans. Public transportation may be purchased by an OHCDS when the public transportation vendor does not elect to enroll directly.

2. 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 from a participant's home, a waiver service, activity in the community or resource specified in the participant's service plan to a waiver service, activity in the community or resource specified in the participant's service plan or the participant's home. Transportation may be used to travel to and from a job that meets the definition of competitive integrated employment. Taking a participant to a destination 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 10 miles;
    - Zone 2 – greater than 10 and up to 30 miles;
    - Zone 3 – over 30 miles.

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 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

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Providers that transport more than 6 participants are required to have an aide in 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.

Transportation (Public and Trip) may be delivered by an organization that directly enrolls with ODP or through an organized healthcare delivery systems (OCHDS). Any organization or individual, including friends and family members, may provide Transportation-Trip through an OHCDS.

Provider Qualifications*: Agencies must have PUC Certification, when required by state law or comparable certificate in contiguous states. Agencies must have documentation that all vehicles used in the provision of Transportation services have:

- Automobile insurance
- Current state motor vehicle registration
- Current state motor vehicle inspection.

Individuals furnishing this service must meet the following qualifications:

- Be at least 18 years of age.
- Have a valid driver's license if the operation of a vehicle is necessary to provide Transportation services.
- Complete standard ODP required orientation.
- Complete standard ODP required annual training (beginning July 1, 2020).
- Receive training to meet the needs of the participant which includes but is not limited to communication, mobility, and behavioral needs.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Waiver Service	*Unit*	*Provider Type*	*Provider Specialty*	*Procedure Code*
Vehicle Modifications	Item	55	543	W7278

Note: Agencies that meet the standards for Supports Coordination or Specialized Skill Development may subcontract with providers of Vehicle Modifications as an Organized Health Care Delivery System. See Appendix A for procedure codes and policy on submitting an OHCDS Administrative Fee.

Limitations: Vehicle Modifications services are limited to $10,000 per participant during a 5-year period. The 5-year period begins with the first utilization of authorized Vehicle Modifications services.

Vehicle Modifications costing over $500 must be recommended by an independent evaluation of the participant's needs, including a functional evaluation of the impact of the modification on the participant's needs. This service does not include the independent evaluation. Depending on the type of modification, the evaluation may be conducted by an occupational therapist; a physical therapist, a behavioral specialist, or another professional as approved in the ISP. The organization or professional providing the evaluation shall not be a related party to the Vehicle Modifications provider.

Service Definition: Vehicle Modifications are modifications or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle Modifications are modifications needed by the participant, as specified in the ISP, to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The following are specifically excluded:

- Modifications or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the participant
- Regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the modifications
- Modifications to a vehicle owned or leased by a provider

Vehicle Modifications cannot be used to purchase or lease vehicles for waiver recipients, 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 Vehicle Modifications. In order for this service to be used to fund modifications of a new or used vehicle, a clear breakdown of purchase price versus modifications is required.

Vehicle Modifications funded through the waiver are limited to the following modifications:

- 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
- Modifications needed to accommodate a participant's special sensitivity to sound, light or other environmental conditions
- Raising the roof or lowering the floor to accommodate wheelchairs

All Vehicle Modifications shall meet applicable standards of manufacture, design and installation. A vehicle that is to be modified, must comply with all applicable State standards. The vehicle that is modified 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. Vehicle Modification services may also be used to adapt a privately owned vehicle of a life sharing host when the vehicle is not owned by the Life Sharing Provider agency.

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

When vehicle modifications are included in an ISP, the SC must collect three bids from providers for the necessary modification and provide the three bids to ODP for consideration during ODP's review of the ISP.

Services shall be provided in accordance with applicable state and local building codes.

Provider Qualifications*: Individuals providing this service shall meet all applicable state and local licensure requirements. All modifications shall meet applicable standards of manufacture, design, and installation. Services shall be provided in accordance with applicable state and local codes.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.

Appendix A: Organized Health Care Delivery System (OHCDS)

HCSIS Service Name	*Unit*	*Rate*	*Provider Type*	*Provider Specialty*	*Procedure Code*
Administrative Fee	Fee	$25.00 or 10% of cost of service	55	537	W0026

Assistive Technology, Community Transition Services, Home Modifications, Transportation (Public and Trip), and Vehicle Modifications can be delivered through an Organized Health Care Delivery System (OHCDS) provider when the vendor does not enroll directly with ODP to provide the service.

Supports Coordination Organizations can apply to become OHCDS entities for the Adult Autism Waiver services of Community Transition Services, Assistive Technology, Home Modifications, Transportation and/or Vehicle Modifications.

Specialized Skill Development agencies can apply to become OHCDS entities for the Adult Autism Waiver service of Assistive Technology, Transportation and/or Vehicle Modifications.

Supported Employment agencies can apply to become OHCDS entities for the Adult Autism Waiver service of Transportation.

Providers and SCOs can enroll as an OHCDS by contacting BSASP Provider Enrollment at RA-pwbasprovenroll@pa.gov.

The OHCDS provider can charge an administrative fee for per the ODP billing requirements. This administrative fee is $25.00 or 10% per transaction, whichever is less. The administrative fee does not apply towards the fiscal limitations as defined in the service definitions.

Please note that PROMISe will only approve one administration fee claim for a participant per month. Therefore, only one OHCDS provider is able to bill and receive payment for the administration fee per month.

 *See page 2 of this document for additional requirements that apply to all AAW-enrolled service providers.