

Adult Autism Waiver Amendment
Effective Date: July 1, 2022

- KEY -** Bold – Recommended additions
 Strikethrough – Recommended removal
 Yellow Highlight – Changes were made because of public comment.
 Red Bold font – Language added because of public comment.
 Red Strikethrough – Language removed because of public comment
 Purple Bold font – Language added based on feedback from CMS

Appendix	Waiver Section	Recommended Revised Language	Reason for Change
B-3-c	Reserved Waiver Capacity	<p>Purpose <i>(provide a title or short description to use for lookup)</i>: People discharged from a state hospital or state center</p> <p>Purpose <i>(describe)</i>: To enable adults with ASD who have been discharged from a state hospital or state center to receive necessary supports to transition to the community, capacity is reserved for adults with ASD who resided in a state hospital or state center for at least 90 consecutive days, are determined ready for discharge and whose discharge plan specifies a need for long-term support. Discharged individuals must still meet the eligibility requirements for the Adult Autism Waiver specified in Appendix B-1, B-4, B-5, and B-6.</p> <p>All participants enrolled in the Waiver have comparable access to all services offered in the Waiver regardless of whether he or she is enrolled due to meeting reserved capacity criteria or the Selection of Entrants to the Waiver criteria in Appendix B-3-f. All participants must go through the Individual Support Plan process, including the full exploration of all service options.</p> <p>Describe how the amount of reserved capacity was determined: The amount of reserved capacity is based on the historical number of adults with ASD ready for discharge from a state hospital or state center with discharge plans that indicate a need for long-term support.</p> <p>*New Category*</p> <p>Purpose <i>(provide a title or short description to use for lookup)</i>:</p>	<p>This addition provides individuals discharged from a state center with enrollment priority.</p>

		<p>People released from incarceration</p> <p><i>Purpose (describe):</i> ODP reserves waiver capacity for participants who have been incarcerated for more than 6 consecutive months. ODP anticipates and reserves existing capacity for participants who require Waiver services upon release from a correctional facility. Capacity may be reserved for up to 180 days prior to the expected date of release.</p> <p>All participants enrolled in the waiver have comparable access to all services offered in the waiver regardless of whether he or she is enrolled due to meeting reserved capacity criteria or the Selection of Entrants to the Waiver criteria in Appendix B-3-f. All participants must go through the service plan process, including the full exploration of all service options.</p> <p>Describe how the amount of reserved capacity was determined: The amount of reserved capacity is based on the historical average number of participants who have been incarcerated per year.</p> <p>Reserved capacity = 10</p>	<p>This addition allows a participant who is disenrolled from the waiver due to incarceration to return to the waiver upon release from incarceration.</p>
B-6-i	Evaluation/ Reevaluation of Level of Care	<p>The Home and Community Services Information System (HCSIS) sends an alert to the ODP staff and the Supports Coordinator 60 days before the level of care determination is due. The Supports Coordinator also assists physicians with completing the medical evaluation form when necessary.</p> <p>After the level of care recertification is completed, ODP staff indicate in HCSIS that level of care was reevaluated, and the result of that reevaluation.</p> <p>ODP is responsible for completing the reevaluation of need for an ICF/ID or ICF/ORC level of care within 365 days of the participant’s initial evaluation and subsequent anniversary dates of reevaluations. Reevaluations are completed in conjunction with the annual review of the service plan. After the level of care reevaluation is completed, ODP staff indicate in the Home and Community Services Information System (HCSIS) that level of care was reevaluated and include the result of that reevaluation. HCSIS generates an alert to ODP staff prior to the due date of the annual reevaluation. Alerts are monitored regularly by ODP staff to ensure timely completion of annual level of care reevaluations.</p>	<p>ODP is updating the Adult Autism Waiver (AAW) to align with current practice and with the three Intellectual Disability/Autism (ID/A) Waivers administered by ODP.</p>

C-1/C-3	Day Habilitation	<p>Direct Day Habilitation may be provided using remote technology in homes where participants reside in accordance with ODP policy.</p> <p>Remote Day Habilitation may only be rendered to a participant in their Residential Habilitation home (Community Home) when the participant:</p> <ul style="list-style-type: none"> • Routinely participates in Day Habilitation services in-person outside the home; and • Has a medical or behavioral condition that precludes their in-person participation for a temporary period of time. <p>More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p> <p>Participants must have an informed choice to receive direct services in-person or using remote technology. Delivery of direct services using remote technology may only occur when the service plan team determines that using remote technology is the most appropriate service delivery method to meet the participant’s needs and goals. This determination must be based on consideration of all of the following:</p> <ul style="list-style-type: none"> • Service delivery complies with the requirements in the service definition, ODP policies, and regulations. • Service delivery must be provided by means that allow for two-way communication with the participant. Providers can call participants over the phone as an incidental component of the service to check-in with participants as allowed in the service definition or in emergency circumstances when all other criteria are met. • The provider has explained to the participant and everyone else residing in the home the impact that service delivery will have on their privacy. • How this service delivery method enhances the participant’s integration into the community. • The request to use remote technology to deliver services was initiated by a request from the participant and/or the family/representative when appropriate, and not the provider. • How the participant’s needs for hands-on-support during service provision will be met. • The provider, in conjunction with the service plan team, has developed a back-up plan that will be implemented should there be a problem with the technology. <p>The provider is responsible for ensuring that any technology used to render services must be HIPAA compliant. The provider is also responsible for providing initial and ongoing training and support to the participant, and anyone designated by the participant, regarding the operation of the technology used during service delivery, including turning it on and off at-will.</p>	<p>The Centers for Medicare and Medicaid Services (CMS) requested that this information be moved from a previous amendment to this amendment.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p>
---------	------------------	--	---

		<p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Participants may receive a maximum of 520 hours (2080 15-minute units) of direct service provided using remote technology per ISP year.</p>	
C-1/C-3	Day Habilitation Provider Qualifications	<p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Agencies providing waiver services will have a signed Medical Assistance Provider Agreement and Have a signed ODP Waiver Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 6. Have documentation that all vehicles used in the provision of Day Habilitation services have automobile insurance. 7. Have documentation that all vehicles used in the provision of Day Habilitation services have current State motor vehicle registration and inspection. 8. Have, professional liability errors and omissions insurance and Worker's Compensation Insurance in accordance with state law. 9. Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service. 10. Comply with Department standards related to provider qualifications. <p>Individuals providing Provider staff furnishing this service must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age 2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs. 3. Complete standard ODP required orientation and annual training. and meet the requirements of 55 Pa. Code Chapter 2380. 4. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the 	ODP is simplifying the requirements for providers by aligning provider qualifications with the qualifications required by the ID/A Waivers.

		<p>Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p> <p>5. If transporting participants, Have a valid driver’s license if the operation of a vehicle is necessary to provide Day Habilitation services. and automobile insurance. Have a high school diploma or equivalent Facilities must have automobile insurance for all automobiles owned, leased, and/or hired used as a component of this service</p>	
C-1/C-3	Residential Habilitation (Community Homes and Life Sharing)	<p>Residential Habilitation (Community Homes) is provided in a licensed facility not owned by the participant or a family member. Residential Habilitation (Community Homes) is provided in two types of a setting licensed under 55 Pa. Code Chapter 6400 (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 55 Pa. Code Chapter 6400 as, "A building or separate dwelling unit in which residential care is provided to one or more individuals with an intellectual disability or autism".</p> <p>Residential Habilitation (Life Sharing) is a provider agency managed service that occurs in one of the following locations:</p> <ul style="list-style-type: none"> • Family Living Homes licensed under 55 Pa. Code Chapter 6500. This includes: <ul style="list-style-type: none"> ○ the private home of a host family who is not related to the participant; or 	<p>ODP is broadening Residential Habilitation (Life Sharing) to allow it to be delivered by relatives. In addition, and based on input from listening sessions, Residential Habilitation (Life Sharing) will be expanded to allow for services in homes owned by the provider that are subsequently leased to participants who have a “high” level of services and where the home meets the participant’s needs.</p>

		<ul style="list-style-type: none"> • May not receive the discrete Remote Supports service. Remote Supports is intended to reduce the participant’s need for direct support that would typically be provided as part of the Residential Habilitation service. As such, remote supports is built into the Residential Habilitation rate and cannot be authorized as a discrete service. 	<p>participants receiving Residential Habilitation services.</p>
<p>C-1/C-3</p>	<p>Residential Habilitation (Community Homes) <i>Provider Qualifications</i></p>	<p>Certificate (<i>specify</i>):</p> <p>SUPPORTIVE TECHNOLOGY PROFESSIONAL</p> <p>When rendering remote support services to participants, the Residential Habilitation provider must have a supportive technology professional (direct, contracted, or in a consulting capacity) available who has either a current Assistive Technology Professional certificate from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist SHIFT certification. The supportive technology professional is responsible for:</p> <ol style="list-style-type: none"> 1. Completion of evaluations of participants’ assistive technology needs, including a functional evaluation of the impact of appropriate remote supports. 2. Completion of an evaluation plan that, at a minimum, includes: the need(s) of the participant that will be met by the remote supports; how the remote supports will ensure the participant's health, welfare and independence; the training needed to successfully utilize the technology; and the back-up plan that will be implemented should there be a problem with the remote supports. 3. Informing the participant, and anyone identified by the participant, of what impact the remote supports will have on the participant’s privacy. This information must be provided to the participant in a form of communication reasonably calculated to be understood by the participant. After this has been completed, the Residential Habilitation provider must then obtain either the participant’s consent in writing or the written consent of a legally responsible party for the participant. This process must be completed prior to the utilization of remote supports, and any time there is a change to the remote supports including technology devices utilized. 4. Ensuring that the remote supports technology is in working order. <p>This information will be provided to the participant and service plan team for discussion and inclusion of the remote supports in the service plan.</p> <p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p>	<p>The requirement for a Supportive Technology Professional has been added to ensure that remote supports provided as part of the Residential Habilitation service meets the needs of participants.</p>

		<ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania. 2. Agencies providing waiver services will have a signed Medical Assistance Provider Agreement and Have a signed ODP Waiver Provider Agreement on file with ODP. 3. Meet the requirements of 55 Pa. Code Chapter 6400, as applicable. 4. Be qualified and enrolled to provide Residential Habilitation services in the Consolidated or Community Living Waiver. 5. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 6. Have Commercial General Liability Insurance. 7. Have documentation that all vehicles used in the provision of Residential Habilitation services have automobile insurance. 8. Have documentation that all vehicles used in the provision of Residential Habilitation services have current State motor vehicle registration and inspection. 9. Have, professional liability errors and omissions insurance and Worker's Compensation Insurance in accordance with state law. 10. Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day. 11. Ensure that staff (direct, contracted, in a consulting capacity or volunteers) meet the qualifications for this service. 12. Comply with Department standards related to provider qualifications. 13. Ensure that Supports Coordination Organizations and the Department have 24-hour access to Residential Habilitation senior management personnel (Executive Director, Chief Executive Officer, Chief Operations Officer or Director, Assistant or Associate Director) for response to emergency situations related to the provision of the Residential Habilitation service. <p>For all provider types, individuals furnishing Individuals providing this service must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. Have a high school diploma or equivalent 2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs. 3. Complete a Department-approved training on the common health conditions that may be associated with preventable deaths in people with an intellectual or developmental disability. 4. Complete standard ODP required orientation and annual training, and meet all requirements of 55 Pa. Code Chapter 6400. 	<p>Residential Habilitation requires a provider to be prepared at all times to meet the needs of each participant the provider supports and initiate and participate in ongoing planning and support to facilitate each participant's vision for an Everyday Life. ODP gathered residential providers across Pennsylvania that provide high quality services to obtain input and feedback about their operations which they determined support their success and the success of those they support. Requiring Residential Habilitation providers to be qualified and enrolled to provide residential services in the ID/A waivers prior to enrollment in the AAW will assure that all residential providers are adequately prepared prior to delivering a service and prior to enrolling to provide residential services in the AAW.</p> <p>To protect the health and safety of participants who receive residential services, a requirement that staff be trained on the common health conditions that may be associated with preventable deaths has been added.</p>
--	--	---	---

		<p>5. Have criminal history clearances per 35 P.S. § 10225.101 et seq. and 6 Pa. Code Chapter 15. If the criminal history clearance results identify a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of review must be maintained for any staff that were hired whose criminal history clearance results identified a criminal record.</p> <p>6. If transporting participants, Have a valid driver’s license if the operation of a vehicle is necessary to provide Residential Habilitation services. and automobile insurance.</p>	
C-1/C-3	Residential Habilitation (Life Sharing) <i>Provider Qualifications</i>	<p>Certificate (<i>specify</i>):</p> <p>SUPPORTIVE TECHNOLOGY PROFESSIONAL</p> <p>When rendering remote support services to participants, the Residential Habilitation provider must have a supportive technology professional (direct, contracted, or in a consulting capacity) available who has either a current Assistive Technology Professional certificate from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist SHIFT certification. The supportive technology professional is responsible for:</p> <ol style="list-style-type: none"> 1. Completion of evaluations of participants’ assistive technology needs, including a functional evaluation of the impact of appropriate remote supports. 2. Completion of an evaluation plan that, at a minimum, includes: the need(s) of the participant that will be met by the remote supports; how the remote supports will ensure the participant’s health, welfare and independence; the training needed to successfully utilize the technology; and the back-up plan that will be implemented should there be a problem with the remote supports. 3. Informing the participant, and anyone identified by the participant, of what impact the remote supports will have on the participant’s privacy. This information must be provided to the participant in a form of communication reasonably calculated to be understood by the participant. After this has been completed, the Residential Habilitation provider must then obtain either the participant’s consent in writing or the written consent of a legally responsible party for the participant. This process must be completed prior to 	The requirement for a Supportive Technology Professional has been added to ensure that remote supports provided as part of the Residential Habilitation service meets the needs of participants.

		<p>the utilization of remote supports, and any time there is a change to the remote supports including technology devices utilized.</p> <p>4. Ensuring that the remote supports technology is in working order.</p> <p>This information will be provided to the participant and service plan team for discussion and inclusion of the remote supports in the service plan.</p> <p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania. 2. Agencies providing waiver services will have a signed Medical Assistance Provider Agreement and Have a signed ODP Waiver Provider Agreement on file with ODP. 3. Meet the requirements of 55 Pa. Code Chapter 6500, as applicable. 4. Be qualified and enrolled to provide Life Sharing services in the Consolidated or Community Living Waiver. 5. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 6. Have Commercial General Liability Insurance. 7. Have documentation that all vehicles used in the provision of Residential Habilitation services have automobile insurance. 8. Have documentation that all vehicles used in the provision of Residential Habilitation services have current State motor vehicle registration and inspection. 9. Have, professional liability errors and omissions insurance and Worker's Compensation Insurance in accordance with state law. 10. Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day. 11. Ensure that staff (direct, contracted, in a consulting capacity or volunteers) meet the qualifications for this service. 12. Comply with Department standards related to provider qualifications. <p>For all provider types, individuals furnishing Life sharers contracting with agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. Have a high school diploma or equivalent 	<p>Residential Habilitation requires a provider to be prepared at all times to meet the needs of each participant the provider supports and initiate and participate in ongoing planning and support to facilitate each participant's vision for an Everyday Life. ODP gathered residential providers across Pennsylvania that provide high quality services to obtain input and feedback about their operations which they determined support their success and the success of those they support. Requiring Residential Habilitation providers to be qualified and enrolled to provide residential services in the ID/A waivers prior to enrollment in the AAW will assure that all residential providers are adequately prepared prior to delivering a service and prior to enrolling to provide residential services in the AAW.</p>
--	--	---	--

		<p>2. Complete training on the participant’s service plan, which includes but is not limited to communication, mobility and behavioral needs.</p> <p>3. Complete a Department-approved training on the common health conditions that may be associated with preventable deaths in people with an intellectual or developmental disability.</p> <p>4. Complete standard ODP required orientation and annual training, and meet all requirements of 55 Pa. Code Chapter 6500.</p> <p>5. Have criminal history clearances per 35 P.S. § 10225.101 et seq. and 6 Pa. Code Chapter 15. If the criminal history clearance results identify a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of review must be maintained for any staff that were hired whose criminal history clearance results identified a criminal record.</p> <p>6. If transporting participants, Have a valid driver’s license if the operation of a vehicle is necessary to provide Residential Habilitation services. and automobile insurance.</p>	<p>To protect the health and safety of participants who receive residential services, a requirement that staff be trained on the common health conditions that may be associated with preventable deaths has been added.</p>								
C-1/C-3	Respite <i>Provider Qualifications</i>	<p>Provider Specifications:</p> <table border="1" data-bbox="631 1019 1177 1198"> <thead> <tr> <th>Provider Category</th> <th>Provider Type Title</th> </tr> </thead> <tbody> <tr> <td>Agency</td> <td>Respite Provider</td> </tr> <tr> <td>Agency</td> <td>Life Sharing Home</td> </tr> <tr> <td>Agency</td> <td>Community Home</td> </tr> </tbody> </table> <p>Provider Category: Agency</p> <p>Provider Type: Respite Provider</p>	Provider Category	Provider Type Title	Agency	Respite Provider	Agency	Life Sharing Home	Agency	Community Home	<p>The requirements for all provider categories is being combined and unnecessary categories are being eliminated. This will have no negative impact on provider enrollment for this service as there is no change to the allowable settings in which Respite can be delivered. In addition, ODP is simplifying the requirements for providers by aligning provider qualifications for Respite with the qualifications required by the ID/A waivers.</p>
Provider Category	Provider Type Title										
Agency	Respite Provider										
Agency	Life Sharing Home										
Agency	Community Home										

		<p><i>Provider Qualifications</i></p> <p>License (<i>specify</i>):</p> <p>When Respite is provided in a residential or family setting in Pennsylvania, proof of the following licensure must be provided when applicable:</p> <ul style="list-style-type: none"> • 55 Pa. Code Chapter 6400 when Respite is provided in a Community Home for people with intellectual disabilities or autism; • 55 Pa. Code Chapter 6500 when Respite is provided in a Family Living Home. <p>Certificate (<i>specify</i>):</p> <p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania, Washington DC, Virginia, or a state contiguous to Pennsylvania. 2. Agencies Providing Waiver services will Have a signed Medical Assistance Provider Agreement and Have a signed ODP Waiver Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 6. Have documentation that all vehicles used in the provision of Respite services have automobile insurance. 7. Have documentation that all vehicles used in the provision of Respite services have current State motor vehicle registration and inspection. 8. professional liability errors and omissions insurance and Have Workers' Compensation Insurance in accordance with state law. 9. Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service. 10. Comply with Department standards related to provider qualifications. <p>For all provider types, individuals furnishing Individuals providing this service must meet the following</p>	
--	--	--	--

		<p>standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. <ul style="list-style-type: none"> • Have a high school diploma or equivalent 2. Complete training on the participant’s service plan, which includes but is not limited to communication, mobility and behavioral needs. 3. Complete standard ODP required orientation and annual training. 4. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire. <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p> <ol style="list-style-type: none"> 5. If transporting participants, Have a valid driver’s license if the operation of a vehicle is necessary to provide Respite services. and automobile insurance. 	
C-1/C-3	Supported Employment	<p>Direct Supported Employment services may be provided using remote technology in accordance with ODP policy. More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p> <p>Participants must have an informed choice to receive direct services in-person or using remote technology. Delivery of direct services using remote technology may only occur when the service plan team determines that</p>	<p>CMS requested that this information be moved from a previous amendment to this amendment.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the</p>

		<p>using remote technology is the most appropriate service delivery method to meet the participant’s needs and goals. This determination must be based on consideration of all of the following:</p> <ul style="list-style-type: none"> • Service delivery complies with the requirements in the service definition, ODP policies, and regulations. • Service delivery must be provided by means that allow for two-way communication with the participant. Providers can call participants over the phone as an incidental component of the service to check-in with participants as allowed in the service definition or in emergency circumstances when all other criteria are met. • The provider has explained to the participant and everyone else residing in the home the impact that service delivery will have on their privacy. • How this service delivery method enhances the participant’s integration into the community. • The request to use remote technology to deliver services was initiated by a request from the participant and/or the family/representative when appropriate, and not the provider. • How the participant’s needs for hands-on-support during service provision will be met. • The provider, in conjunction with the service plan team, has developed a back-up plan that will be implemented should there be a problem with the technology. <p>The provider is responsible for ensuring that any technology used to render services must be HIPAA compliant. The provider is also responsible for providing initial and ongoing training and support to the participant, and anyone designated by the participant, regarding the operation of the technology used during service delivery, including turning it on and off at-will.</p> <p>Supported Employment services can be delivered in Pennsylvania and in states contiguous to Pennsylvania. The direct portion of this service may be delivered in any state when a participant is traveling out of state for work-related trips such as for training, conferences, or business trips.</p>	<p>federal COVID-19 public health emergency.</p> <p>ODP is expanding where services can be delivered to support participants who may need services when they have to travel for work-related business.</p>
C-1/C-3	Career Planning	<p>Direct Career Planning services may be provided using remote technology in accordance with ODP policy. More information about requirements for services provided using remote technology is located in the Additional-Needed-Information Section of the Main Module.</p> <p>Participants must have an informed choice to receive direct services in-person or using remote technology. Delivery of direct services using remote technology may only occur when the service plan team determines that using remote technology is the most appropriate service delivery method to meet the participant’s needs and goals. This determination must be based on consideration of all of the following:</p>	<p>CMS requested that this information be moved from a previous amendment to this amendment.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the</p>

		<ul style="list-style-type: none"> • Service delivery complies with the requirements in the service definition, ODP policies, and regulations. • Service delivery must be provided by means that allow for two-way communication with the participant. Providers can call participants over the phone as an incidental component of the service to check-in with participants as allowed in the service definition or in emergency circumstances when all other criteria are met. • The provider has explained to the participant and everyone else residing in the home the impact that service delivery will have on their privacy. • How this service delivery method enhances the participant’s integration into the community. • The request to use remote technology to deliver services was initiated by a request from the participant and/or the family/representative when appropriate, and not the provider. • How the participant’s needs for hands-on-support during service provision will be met. • The provider, in conjunction with the service plan team, has developed a back-up plan that will be implemented should there be a problem with the technology. <p>The provider is responsible for ensuring that any technology used to render services must be HIPAA compliant. The provider is also responsible for providing initial and ongoing training and support to the participant, and anyone designated by the participant, regarding the operation of the technology used during service delivery, including turning it on and off at-will.</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Vocational Assessment is a time-limited service requiring re-authorization every 90 days and will be authorized for up to 1 year after initial authorization every time it is added to the ISP. Prior to the request for re-authorization, the service plan team will meet to clarify goals and expectations and review progress. ODP will review the re-authorization request and make a determination based on ODP policy. ODP may also recommend technical assistance to the provider or suggest the service plan team consider a change of provider.</p> <p>Job Finding is a time-limited service requiring re-authorization every 90 days and will be authorized for up to 1 year after initial authorization every time it is added to the ISP. Prior to the request for re-authorization, the service plan team will meet to clarify goals and expectations and review progress and the job finding strategy. ODP will review the re-authorization request and make a determination based on ODP policy. ODP may also recommend technical assistance to the provider or suggest the service plan team consider a change of provider.</p>	<p>federal COVID-19 public health emergency.</p> <p>ODP is removing language that could be unclear regarding the timeframes for authorization of Vocational Assessment and Job Finding. These services are authorized for 90-day increments regardless of start date.</p>
--	--	--	---

C-1/C-3	Supported Employment and Career Planning <i>Provider Qualifications</i>	<p>Certificate <i>(specify)</i>:</p> <p>Newly hired staff who do not have the required certification when hired must work under the supervision or mentorship of someone who is certified. This can occur for no longer than nine months from the date of hire to allow the new hire time to obtain the certification.</p> <p>Other Standard <i>(specify)</i>:</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Agencies Providing Waiver services will have a signed Medical Assistance Provider Agreement and Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 6. Have documentation that all vehicles used in the provision of Supported Employment/Career Planning services have automobile insurance for all automobiles owned, leased, and/or hired used as a component of the Supported Employment service. 7. Have documentation that all vehicles used in the provision of Supported Employment/Career Planning services have current State motor vehicle registration and inspection. 8. professional liability errors and omissions insurance and Have Workers' Compensation Insurance in accordance with state law. 9. Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service. 10. Comply with Department standards related to provider qualifications. <p>Individuals furnishing Supported Employment must Individuals providing this service must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. <ul style="list-style-type: none"> • Have a high school diploma or equivalent 2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs. 	<p>ODP is expanding the provider qualifications for Supported Employment and Career Planning services to allow for mentoring in addition to "supervision" of a staff person who is working towards the completion of the training or certification. In addition, ODP is simplifying the requirements for providers by aligning provider qualifications for Career Planning and Supported Employment with the qualifications required by the ID/A waivers.</p>
---------	--	--	---

		<p>3. Complete standard ODP required orientation and annual training.</p> <p>4. Complete required training developed by ODP for Employment/Vocational Services regarding services for people with autism spectrum disorders.</p> <p>5. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p> <p>6. If transporting participants, Have a valid driver’s license and automobile insurance if the operation of a vehicle is necessary to provide Supported Employment/Career Planning services.</p>	
C-1/C-3	Small Group Employment	<p>The service includes transportation that is an integral component of the service, for example, transportation to a work site. The Small Group Employment provider is not, however, responsible for transportation to and from a participant’s home, unless the provider is designated as the transportation provider in the participant’s service plan. In this case, the transportation service must be authorized and billed as a discrete service.</p> <p>Small Group Employment must be necessary to achieve the expected outcomes identified in the participant’s service plan. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure ensure that expected outcomes are met, to ensure the participant is aware of employment options, and to modify the service plan as necessary. The review must include an assessment of the participant’s progress,</p>	<p>ODP is clarifying that the Small Group Employment provider is not responsible for transportation to and from a participant’s home. In addition, ODP is clarifying the list of services that cannot be delivered at the same time the direct portion of Small Group Employment is delivered.</p>

		<p>identification of needs, and plans to address those needs. It is the participant’s and services providers’ responsibility to notify the Supports Coordinator of any changes in the employment activities and to provide the Supports Coordinator 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.</p> <p style="text-align: center;">***</p> <p>Participants authorized to receive Small Group Employment services may not receive the direct portion of the following services be provided at the same time: that quarter hourly reimbursed 15-minute unit Respite, Day Habilitation, Community Support, or Supported Employment, Transportation, and Nutritional Consultation. service (when provided directly to the participant) is provided.</p>	
C-1/C-3	Small Group Employment <i>Provider Qualifications</i>	<p>Certificate (<i>specify</i>):</p> <p>Newly hired staff who do not have the required certification when hired must work under the supervision or mentorship of someone who is certified. This can occur for no longer than nine months from the date of hire to allow the new hire time to obtain the certification.</p> <p><i>Provider Qualifications</i></p> <p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Agencies Providing Waiver services will have a signed Medical Assistance Provider Agreement and Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 6. Have documentation that all vehicles used in the provision of Small Group Employment services have automobile insurance for all automobiles owned, leased, and/or hired used as a component of the Supported Employment service. 	<p>ODP is expanding the provider qualifications for Small Group Employment to allow for mentoring in addition to “supervision” of a staff person who is working towards the completion of the training or certification. In addition, ODP is simplifying the requirements for providers by aligning provider qualifications for Small Group Employment with the qualifications required by the ID/A waivers.</p>

		<p>7. Have documentation that all vehicles used in the provision of Small Group Employment services have current State motor vehicle registration and inspection.</p> <p>8. professional liability errors and omissions insurance and Have Workers' Compensation Insurance in accordance with state law.</p> <p>9. Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service.</p> <p>10. Comply with Department standards related to provider qualifications.</p> <p>Individuals providing furnishing this service must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. <ul style="list-style-type: none"> • Have a high school diploma or equivalent 2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs. 3. Complete standard ODP required orientation and annual training. 4. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire. <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual's rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p> <p>5. If transporting participants, Have a valid driver's license and automobile insurance if the operation of a vehicle is necessary to provide Small Group Employment services.</p>	
--	--	--	--

C-1/C-3	Supports Coordination	<p>The service includes both the development of an Individual Support Plan (ISP) and ongoing supports coordination as follows:</p> <p>1) Initial Plan Development:</p> <p>The Supports Coordinator:</p> <p>*Conducts assessments in accordance with ODP policy to inform the initial and ongoing service plan development. 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 persons desired goals and health status. The Supports Coordinator completes the SIB-R and receives the Parental Stress Scale in advance of the initial ISP meeting. The results of the assessments are reviewed and changes to the service plan are finalized information on the ISP form is completed during the service plan team meeting described in Appendix D-1-d.</p> <p style="text-align: center;">***</p> <p>2) Ongoing Supports Coordination:</p> <p>Upon completion of the initial plan, the Supports Coordinator:</p> <p>*Provides ongoing monitoring of the services included in the participant's service plan as described in Appendix D-2-a of the waiver. The Supports Coordinator 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 service plan is being implemented as written, and to assess whether the team needs to revise the service plan. 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 Supports Coordinator must contact the participant, his or her guardian, or a representative designated by the participant in the service plan 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 and assessments, 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.</p>	<p>ODP is removing language from the AAW regarding the types of assessments that are conducted and will provide this information in a policy. In addition, ODP is aligning the Supports Coordination service definition with the current practices.</p>
---------	-----------------------	--	---

*Reviews participant progress on goals/objectives **by reviewing required documentation and other relevant data.**

~~*and~~ Initiates service plan team discussions or meetings when services are not achieving desired outcomes.

~~*The Supports Coordinator~~ Annually completes **assessments in accordance with ODP policy SIB-R, the Parental Stress Scale, and the assessment information on the ISP form** as part of the comprehensive review **of the service plan**. The Supports Coordinator will use information from the assessments, as well as any additional assessments completed based on the unique needs of the participant, to revise the service plan to address all of the participant's needs.

* At the annual service plan meeting, the Supports Coordinator will provide the participant and his or her family with information on competitive integrated employment during the planning process and upon the **participant's or family's** request.

***Provides the participant and his or her family or other caregivers with the standard ODP information about participant direction and an explanation of the opportunity to self-direct services by enrolling in one of ODP's waivers that offers participant-directed services.**

~~*At least annually, and as needed, the Supports Coordinator assists the participant's physician, physician's assistant, or nurse practitioner in completing the Medical Evaluation form (MA-51) 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.~~

*Coordinates service 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 **relationship-based** natural support network.

		<p style="text-align: center;">***</p> <p>*Responds to and assesses emergency situations and incidents and assures that appropriate actions are taken are appropriate and timely in order to protect the health and welfare of participants.</p> <p style="text-align: center;">***</p> <p>This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. During temporary travel Supports Coordination may be provided in Pennsylvania or other locations as per the ODP travel policy.</p>	
C-1/C-3	Supports Coordination <i>Provider Qualifications</i>	<p><i>Provider Qualifications</i></p> <p>Other Standard (<i>specify</i>):</p> <p>Supports Coordination Organizations (SCO) must meet the following standards during the initial and ongoing qualification process:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Providers of waiver services will have a signed Medical Assistance Provider Agreement, Have a signed ODP Provider Agreement on file with ODP. 3. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 4. Function as a conflict-free entity. A conflict-free SCO, for purposes of this service definition, is an agency that does not have a fiduciary relationship with an agency providing direct services in the Adult Autism Waiver. An SCO may become an Organized Health Care Delivery System (OHCDs) for any vendor service authorized in the participant’s service plan. A participant's SCO may not own or operate providers of vendor services with which it is acting as an OHCDs. SCOs must enroll and qualify as an OHCDs and comply with all requirements regarding OHCDs in Appendix I-3-g-ii of the current approved waiver, as well as 55 Pa. Code § 6100.803. 5. Have conflict of interest disclosure statements that address unbiased decision making by the SCO, managers and staff. 6. Have current State motor vehicle registration and inspection for all vehicles owned, leased, or hired and used as a component of the Supports Coordination service. 7. Have automobile insurance for all automobiles owned, leased, or hired and used as a component of the Supports Coordination service. 	<p>ODP is simplifying the requirements for providers by aligning provider qualifications for Supports Coordination with the qualifications required by the ID/A waivers. Proposed changes to Supports Coordinator qualifications are designed to develop and support the delivery of Support Coordination by qualified staff.</p>

		<p>8. Have Commercial General Liability Insurance or provide evidence of self-insurance as specified by insurance standards.</p> <p>9. professional liability errors and omissions insurance and Have Workers' Compensation Insurance in accordance with state law.</p> <p>10. Have sufficient SCO personnel to carry out all functions to operate.</p> <p>11. Have the ability to utilize ODP's Information System to document and perform Supports Coordination activities.</p> <p>12. Cooperate with and assist, as needed, ODP and any state and federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting Medicaid fraud and abuse.</p> <p>13. Cooperate with Health Care Quality Units, independent monitoring teams, and other external monitoring conducted by ODP's designees.</p> <p>14. Comply with HIPAA.</p> <p>15. Comply with Department standards related to SCO qualification and enrollment.</p> <p>Individuals furnishing this service must: Minimum Qualifications for Supports Coordinators:</p> <ul style="list-style-type: none"> • 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 <ol style="list-style-type: none"> 1. Meet the following minimum educational and experience requirements: <ul style="list-style-type: none"> • A bachelor's degree, which includes or is supplemented by at least 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social science; or • Two years' experience as a County Social Service Aide 3 and two years of college level course work, which includes at least 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social service; or • Any combination of experience and training which includes 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social service and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case management functions; or • A combination of 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social science and two years professional experience in developmental disabilities, special education, mental health, counseling psychology, school psychology, social work or health and rehabilitative services. 2. If transporting participants, Have a valid driver's license if the operation of a vehicle is necessary to provide Support Coordination services. and automobile insurance. 	
--	--	---	--

		<p>3. Newly hired Supports Coordinators must successfully complete ODP required Supports Coordination Orientation Curriculum.</p> <ul style="list-style-type: none"> • Complete standard ODP required orientation and annual training. • Complete required training developed by BSASP for AAW Supports Coordination for people with autism spectrum disorders. <p>4. Complete a minimum of 24 hours of training a year.</p> <p>5. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p>	
C-1/C-3	Assistive Technology	<p>An item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is necessary used to increase, maintain, or improve a participant’s functioning or increase a participant’s ability to exercise choice and control. 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.</p> <p>Assistive Technology services includes activities that directly support a participant in the selection, acquisition, or use of an assistive technology device, limited to:</p> <ul style="list-style-type: none"> • Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participants; 	<p>ODP is making changes to the service definition to promote participant choice and control. Other changes are being made to simplify the system by aligning the requirements for Assistive Technology with the requirements included in the ID/A waivers.</p>

		<ul style="list-style-type: none"> • Selecting, designing, fitting, customizing, adapting, installing, applying, maintaining, repairing, or replacing assistive technology devices. • Coordination and use of necessary interventions or services with assistive technology devices, such as interventions or services associated with other services in the ISP; • Training or technical assistance for the participant, or where appropriate, the participant’s family members, guardian, advocate, staff, authorized representative, or other informal support on how to use and/or care for the Assistive Technology; • 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; • Extended warranties; • Ancillary supplies, software, and equipment necessary to the proper functioning of assistive technology devices, such as replacement batteries and materials necessary to adapt low-tech devices; and • Independent evaluation as required for this service, if not available through the State Plan, other waiver services, or private insurance. <p>When multiple devices are identified as being effective to meet the participant’s need, the least expensive option must be chosen. Applications for electronic devices that assist participants with an identified need are also covered for participants.</p> <p>Generators are covered for the participant's primary private home. Generators are not covered for any home other than the participant's primary private residence.</p> <p>All items purchased through Assistive Technology shall meet the applicable standards of manufacture, design, and installation. Items reimbursed with Waiver funds shall be in addition to any equipment or supplies provided under the MA State Plan. Excluded are those items that are not of direct medical or remedial benefit to the participant, or are primarily for a recreational or diversionary nature. Items designed for general use shall only be covered to the extent necessary to meet the participant’s needs and be for the primary use of the participant. If the participant receives Specialized Skill Development, Assistive Technology must be consistent with the participant’s behavioral support plan, and crisis intervention plan, and/or systematic skill building plan.</p> <p>Assistive technology devices costing \$750 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</p>	
--	--	---	--

		<p>participant. Multiple devices processed in the same transaction do not necessitate an evaluation unless the cost of any one device included on the invoice exceeds \$750.</p> <p>The independent evaluation must be conducted by a licensed physical therapist, occupational therapist, speech/language pathologist or a professional certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) 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. The evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or waiver services (including a combination of any of the elements listed) that would be most effective to meet the need(s) of the participant. The least expensive, appropriate option from the list must be selected for inclusion on the service plan.</p> <p>When Assistive Technology is utilized to meet a medical need, documentation must be obtained stating that the service is medically necessary and not covered through the MA State Plan, Medicare or private insurance. When Assistive Technology is covered by the MA State Plan, Medicare or private insurance, documentation must be obtained by the Supports Coordinator showing that limitations have been reached before the Assistive Technology can be covered through the Waiver. To the extent that any listed services are covered under the State Plan, the services under the waiver would be limited to additional services not otherwise covered under the State Plan but consistent with waiver objectives of avoiding institutionalization.</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>The following list includes items excluded as Assistive Technology (this is not an exhaustive list of excluded items):</p> <ul style="list-style-type: none"> • Durable medical equipment, as defined by 55 Pa. Code Chapter 1123 and the MA State Plan; • Air conditioning systems or units, heating systems or units, water purifiers, air purifiers, vaporizers, dehumidifiers, and humidifiers; • Recreational or exercise equipment; and • Swimming pools, hot tubs, whirlpools and whirlpool equipment, and health club memberships. <p>Assistive Technology has the following limits:</p> <ul style="list-style-type: none"> • Maximum amount for this service is \$10,000 over a participant’s lifetime. An exception to this limit may be made in accordance with ODP policy. This lifetime limit includes: 	<p>ODP is removing the word “appropriate” based on public comments.</p> <p>Based on public comment, ODP is adding that the \$10,000 lifetime limit on</p>
--	--	---	---

		<ul style="list-style-type: none"> ○ A lifetime limit of \$5,000 for generators for the participant’s primary residence only. Generators for a secondary residence are not available through the Waiver. While generators have a separate lifetime limit, the amount spent on a generator is included in the overall Assistive Technology lifetime limit of \$10,000. ○ Repairs, warranties, ancillary supplies, software and equipment. <p>Assistive Technology provided to participants living in provider owned, leased or operated settings must comply with 442.301(c)(4)(vi)(A) through (D) related to privacy, control of schedule and activities and access to visitors.</p> <p>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.</p>	<p>Assistive Technology can be exceeded with prior approval from ODP.</p>
C-1/C-3	Assistive Technology <i>Provider Qualifications</i>	<p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (The company that the provider secures the item(s) from can be located anywhere.) 2. Providers of waiver services will have a signed Medical Assistance Provider Agreement, Have a signed ODP Waiver Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance, professional liability errors and omissions insurance and. 6. Have Workers’ Compensation Insurance in accordance with state law. 7. Comply with Department standards related to provider qualifications. <p>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 as specified in Appendix I-3-g-ii.</p>	<p>ODP is simplifying the requirements for providers by aligning provider qualifications for Assistive Technology with the qualifications required by the ID/A waivers.</p>

C-1/C-3	Remote Supports	<p>** New Service **</p> <p>The purpose of Remote Supports services is to assist participants in obtaining and/or maintaining their independence and safety within their private home and in the community and to decrease the need for assistance from others. Remote Supports is used during periods of time that direct services are not required. Remote Supports as a discrete service cannot be authorized when a participant is receiving in Residential Habilitation services. Remote Supports involve the use of technology that uses two-way real time communication in the participant’s home or community that allows awake staff from an agency who is offsite to monitor and respond to the participant’s safety needs. Interaction with a professional occurs as needed as part of Remote Supports but is not the main function of the service. Remote Supports shall be provided in real time, not via recording, and during service provision, staff shall be awake and not have duties other than Remote Supports.</p> <p>Remote Supports include the following:</p> <ul style="list-style-type: none"> • Staff who monitor and respond to the participant’s needs; • The technology utilized in the home and community that is monitored by the staff; • The technology utilized for two-way real time communication (if different from above); • The equipment necessary to operate the technology; and • The costs for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the technology and equipment necessary to operate the technology. <p>Internet services are not covered as part of Remote Supports.</p> <p>Remote Supports are fully integrated into the participant’s overall system of services and supports. A technology evaluation Remote Supports implementation plan must be completed by the Remote Supports provider and reviewed by the service plan team in accordance with ODP policy. The technology evaluation Remote Supports implementation plan must include:</p> <ul style="list-style-type: none"> • How the participant’s rights including the participant’s right to privacy of person and possessions will be protected; • How the participant’s health, welfare and safety needs will be met, including completion of a back-up plan that will be implemented if there is a problem with Remote Supports; • The training participants and any other designated persons will receive to enable the participant and others to successfully utilize the technology and equipment; and • How Remote Supports are more cost effective than other waiver services. 	<p>ODP is adding a new service to the Adult Autism Waiver.</p> <p>Additional clarification regarding staff being awake and persons designated in the ISP being able to turn devices and equipment on and off has been added based on public comment.</p> <p>The number of days that participants can receive in-person services simultaneously with Remote Supports for the purpose of helping the participant successfully transition to the use of Remote Supports was increased from 90 days to 120 days based on public comment.</p>
---------	-----------------	---	--

		<p>The Remote Supports provider is responsible for informing the service plan team, including the participant and anyone identified by the participant, of the impact the Remote Supports will have on the participant's privacy. This includes information about whether the participant or designated persons identified in the service plan can turn off the Remote Supports device or equipment if they choose to do so. This information must be provided in a form of communication that is understood by the participant.</p> <p>Once Remote Supports have been approved on the service plan, the Remote Supports provider is responsible for the following:</p> <ul style="list-style-type: none">• Training the participant, family, natural supports and any support professionals that will assist the participant in the use of the equipment initially and ongoing as needed. This includes information about whether the participant can turn off the Remote Supports technology or equipment if they choose to do so.• Compliance with ODP's incident management policy.• Development of progress notes in compliance with 6100.227.• Delivery of the equipment to the participant's residence and when necessary, to the room or area of the home in which the equipment will be used.• Installation of the equipment, including assembling the equipment or parts used for the assembly of the equipment.• Adjustments and modifications of the equipment.• Transferring the technology and equipment to a new home when the participant moves. This only applies when the new home is in an area served by the provider.• Continuously monitoring the functioning of the technology.• Developing and implementing a policy or plan to address technology malfunctions.• Maintaining technology and equipment and ensuring necessary repairs are made to the technology and equipment. Replacement of technology and equipment is covered when the technology or equipment no longer meets the participant's needs, is obsolete, functionally inadequate, unreliable, or no longer supported by the manufacturer.• Ensuring the Remote Supports equipment meets the following:<ul style="list-style-type: none">○ Includes an indicator that lets the participant know that the equipment is on and operating. The indicator shall be appropriate to meet the participant's needs.○ Is designed so that it can be turned off only by the participant or designated person(s) indicated in the service plan.○ Has 99% system uptime that includes adequate redundancy.	
--	--	--	--

		<ul style="list-style-type: none"> ○ Has adequate redundancy that ensures critical system functions are restored within three hours of a failure. If a service is not available, the provider must be alerted by the equipment within ten minutes. ○ If the technology evaluation plan identifies the need for a staffed call center, a backup plan must be in place that meets the needs of the participant. In the most demanding situation, that may mean that there is another call center that is part of a network. In less demanding situations, it may be an alternate location that can become operational within a time frame that meets the needs of the participant. In any event, an adequate “system down” plan must be in place. ○ If a main hub is part of the installed system, it must be A/C powered and include a backup battery capable of maintaining a charge to ensure the continued connectivity of the Remote Supports equipment if power loss occurs. There must be a mechanism to alert staff when a power outage occurs that provides a low battery alert, and an alert if the system goes down so that back-up support, if required, is put in place until service is restored. A main hub, if required, must be able to connect to the internet via one or more different methods: hard-wired, wireless, or cellular. The main hub must also have the ability to send notifications via one or more different modes: text, email or audio, as well as the ability, if in the technology evaluation Remote Supports implementation plan, to connect to an automated or consumer support call center that is staffed 24 hours a day, 7 days a week. ○ Has a latency of no more than 10 minutes from when an event occurs to when the notification is sent (via text, email or audio). ○ Has the capability to include environmental controls that are able to be added to, and controlled by, the installed Remote Supports system if identified in the technology evaluation Remote Supports implementation plan. ○ Has a battery life expectancy lasting six months or longer, and notification must be given if a low battery condition is detected. ○ Is connected to a secure network system requiring authentication, authorization, and encryption of data that complies with 45 C.F.R. §§ 164.102 - 164.534. The provider must ensure that access to computer, video, audio, sensor, and written information is limited to authorized persons. ● Compliance with 55 Pa. Code §§6100.301 – 307 regarding transition to a new provider. <p>All items purchased through Remote Supports shall meet the applicable standards of manufacture, design, and installation. Items reimbursed with Waiver funds shall be in addition to any equipment or supplies provided under the MA State Plan. Excluded are those items that are not of direct medical or remedial benefit to the participant,</p>	
--	--	---	--

		<p>or are primarily for a recreational or diversionary nature. Items designed for general use shall only be covered to the extent necessary to meet the participant’s needs and be for the primary use of the participant.</p> <p>If the participant receives Specialized Skill Development services, the Remote Supports must be consistent with the participant’s Behavior 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 service plan, the BSP and the SBP.</p> <p><i>Specify applicable limits on the amount, frequency, or duration of this service:</i></p> <p>Discrete Remote Supports services cannot be authorized for participants who are authorized to receive Residential Habilitation (Community Homes or Life Sharing) services as monitoring by and interaction with professionals are covered in the rates for those services. The direct provision of Day Habilitation services shall not be rendered on the same days and times that Remote Supports services are rendered.</p> <p>Remote Supports can only be rendered simultaneously with the following direct services for 90 120 calendar days after installation, training and full use by the participant has begun to help the participant safely transition to independent use of Remote Supports:</p> <ul style="list-style-type: none"> • Community Support • Respite 	
C-1/C-3	Remote Supports <i>Provider Qualifications</i>	<p><i>Provider Category:</i> Agency</p> <p><i>Provider Type:</i> Remote Supports Agency</p> <p><i>Provider Qualifications:</i> License (<i>specify</i>): Certificate (<i>specify</i>):</p> <p><i>Other Standard (specify):</i> To provide Remote Supports services, the agency must meet the following standards:</p> <ol style="list-style-type: none"> 1. Enroll directly with ODP to render the Remote Supports service. 2. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (The physical location of a company that sells a good may be located anywhere in the United States or the American territories.) 	<p>The requirement for Remote Supports providers to have a secure facility where staff monitor the devices and equipment was added based on public comment.</p> <p>To protect the health and safety of participants who receive Remote Supports, a requirement that staff be trained on the common health conditions that may be associated with preventable deaths has been added based on public comment.</p>

		<ol style="list-style-type: none"> 3. Have a secure, central facility where staff render Remote Supports that has appropriate and stable connections, including redundant internet and power that ensure continuity of service in the event of a disruption or connection. This facility must be staffed 24 hours a day, 7 days a week. 4. Have a signed ODP Provider Agreement on file with ODP which requires the provider to comply with all applicable federal and state statutes, regulations, and policies, including but not limited to confidentiality and HIPAA requirements. Providers are required to develop and implement written privacy policies and procedures that are consistent with the Privacy Rule. ODP reviews these policies and procedures when complaints are received regarding privacy or as part of QA&I when warranted. 5. Complete standard ODP required orientation. 6. Have Commercial General Liability Insurance. 7. Comply with all federal, state and local regulations that apply to the operation of its business or trade, such as the Electronic Communications Privacy Act of 1986 and section 2399.52 of the Revised Code. 8. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. Have a participant support call center that is staffed 24 hours a day, 7 days a week, or an automated call center if identified in the technology evaluation plan. 9. Develop and implement a quality management plan in accordance with 55 Pa. Code Chapter 6100. 10. Have a professional (direct, contracted, or in a consulting capacity) available who has either a current Assistive Technology Professional certificate from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist SHIFT certification. 11. Have a policy outlining the process for providing emergency replacement devices or parts within one as soon as possible but no later than two business days if the devices installed at the participant’s residence fail and cannot be repaired. if identified in the technology evaluation plan. If device failure occurs on a weekend or holiday, the replacement devices or parts may require one or two additional business days. 12. Provide access to Have a secure and encrypted website or software that displays critical system information about each Remote Supports device installed in a participant’s residence. 13. Have an effective system for notifying personnel such as police, fire, emergency medical services and psychiatric crisis response entities. 14. Comply with Department standards related to provider qualifications. <p>Individuals providing this service must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Complete training on the participant’s service plan, which includes but is not limited to communication, mobility and behavioral needs. 	
--	--	--	--

		<p>3. Complete standard ODP required orientation and annual training.</p> <p>4. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p> <p>5. Complete a Department-approved training on the common health conditions that may be associated with preventable deaths in people with an intellectual or developmental disability.</p>	
C-1/C-3	Therapies	<p>Direct Therapy services may be provided using remote technology in accordance with ODP policy. More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p> <p>Participants must have an informed choice to receive direct services in-person or using remote technology. Delivery of direct services using remote technology may only occur when the service plan team determines that using remote technology is the most appropriate service delivery method to meet the participant’s needs and goals. This determination must be based on consideration of all of the following:</p> <ul style="list-style-type: none"> • Service delivery complies with the requirements in the service definition, ODP policies, and regulations. • Service delivery must be provided by means that allow for two-way communication with the participant. Providers can call participants over the phone as an incidental component of the service to check-in with participants as allowed in the service definition or in emergency circumstances when all other criteria are met. 	<p>CMS requested that this information be moved from a previous amendment to the renewals.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p>

		<ul style="list-style-type: none"> • The provider has explained to the participant and everyone else residing in the home the impact that service delivery will have on their privacy. • How this service delivery method enhances the participant’s integration into the community. • The request to use remote technology to deliver services was initiated by a request from the participant and/or the family/representative when appropriate, and not the provider. • How the participant’s needs for hands-on-support during service provision will be met. • The provider, in conjunction with the service plan team, has developed a back-up plan that will be implemented should there be a problem with the technology. <p>The provider is responsible for ensuring that any technology used to render services must be HIPAA compliant. The provider is also responsible for providing initial and ongoing training and support to the participant, and anyone designated by the participant, regarding the operation of the technology used during service delivery, including turning it on and off at-will.</p>	
C-1/C-3	Therapies Provider Qualifications	<p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Have a Medical Assistance Provider Agreement and a signed ODP Waiver Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 6. professional liability errors and omissions insurance and Have worker’s compensation insurance in accordance with state law. 7. Ensure that staff (direct, contracted, or in a consulting capacity) meet the qualifications for this service. 8. The provider standards in the Medicaid state plan will apply. Comply with Department standards related to provider qualifications. <p>Individuals providing these services must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete training on the participant’s service plan, which includes but is not limited to communication, mobility and behavioral needs. 2. Complete standard ODP required orientation and annual training. 3. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If 	ODP is simplifying the requirements for providers by aligning provider qualifications with the qualifications required by the ID/A waivers.

		<p>the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p>	
C-1/C-3	Family Support	<p>Family Support must be necessary to achieve the expected outcomes identified in the participant’s service plan. 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.</p>	ODP is removing outdated language that is no longer needed with the implementation of 55 Pa. Code § 6100.227.
C-1/C-3	Family Support Provider Qualifications	<p><i>License (specify):</i> Psychologist—Title 49 PA Code Chapter 41 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 Professional Counseling Agency—Title 49 PA Code Chapter 49</p> <p>Staff working for or contracted with agencies who provide training and counseling services must be licensed as one of the following:</p>	ODP is simplifying the requirements for providers by aligning provider qualifications with the qualifications required by the ID/A waivers.

		<ul style="list-style-type: none"> • Be a licensed social worker in Pennsylvania (Title 49 Pa. Code Chapter 47) or be a licensed master’s level social worker in the state where the service is provided. • Be a licensed psychologist in Pennsylvania (Title 49 Pa. Code Chapter 41) or be a licensed psychologist in the state where the service is provided. • Be a licensed professional counselor in Pennsylvania (49 Pa. Code Chapter 49) or be a licensed master’s level counselor in the state where the service is provided. • Be a licensed marriage and family therapist in Pennsylvania (49 Pa. Code Chapter 48) or be a licensed master’s level marriage and family therapist in the state where the service is provided. <p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Have a Medical Assistance Provider Agreement and a signed ODP Waiver Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 6. professional liability errors and omissions insurance and Have worker’s compensation insurance in accordance with state law. 7. Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service. 8. Comply with Department standards related to provider qualifications. <p>Individuals within the agency furnishing providing this service must meet the following standards:</p> <ul style="list-style-type: none"> • Have one of the licenses described herein <ol style="list-style-type: none"> 1. Complete training on the participant’s service plan, which includes but is not limited to communication, mobility and behavioral needs. 2. Complete standard ODP required orientation and annual training. 3. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check 	
--	--	---	--

		<p>must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p>	
C-1/C-3	Nutritional Consultation	<p>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 Services are rendered according to a plan for nutritional consultation services based on an in-person assessment of the participant’s nutritional needs. Both the assessment and subsequent direct Nutritional Consultation services may be provided using remote technology in accordance with ODP policy.; and c) if telephone consultation is indicated in the participant’s ISP. More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p> <p>Participants must have an informed choice to receive direct services in-person or using remote technology. Delivery of direct services using remote technology may only occur when the service plan team determines that using remote technology is the most appropriate service delivery method to meet the participant’s needs and goals. This determination must be based on consideration of all of the following:</p> <ul style="list-style-type: none"> • Service delivery complies with the requirements in the service definition, ODP policies, and regulations. • Service delivery must be provided by means that allow for two-way communication with the participant. Providers can call participants over the phone as an incidental component of the service to check-in with participants as allowed in the service definition or in emergency circumstances when all other criteria are met. • The provider has explained to the participant and everyone else residing in the home the impact that service delivery will have on their privacy. • How this service delivery method enhances the participant’s integration into the community. 	<p>CMS requested that this information be moved from a previous amendment to the renewals.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p>

		<ul style="list-style-type: none"> • The request to use remote technology to deliver services was initiated by a request from the participant and/or the family/representative when appropriate, and not the provider. • How the participant’s needs for hands-on-support during service provision will be met. • The provider, in conjunction with the service plan team, has developed a back-up plan that will be implemented should there be a problem with the technology. <p>The provider is responsible for ensuring that any technology used to render services must be HIPAA compliant. The provider is also responsible for providing initial and ongoing training and support to the participant, and anyone designated by the participant, regarding the operation of the technology used during service delivery, including turning it on and off at-will.</p>	
C-1/C-3	Nutritional Consultation Provider Qualifications	<p>License (<i>specify</i>):</p> <p>Title 49 PA Code Chapter 21, subchapter G</p> <p>Staff (direct, contracted, or in a consulting capacity) providing this service must hold a state license in Pennsylvania (49 Pa. Code Chapter 21, subchapter G), or a license in the state where the service is provided.</p> <p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Medical Assistance Provider Agreement and Have a signed ODP Waiver-Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 6. professional liability errors and omissions insurance and Have worker’s compensation insurance in accordance with state law. 7. Ensure that staff (direct, contracted or in a consulting capacity) meet the qualifications for this service. 8. Comply with Department standards related to provider qualifications. <p>In addition to licensure, individuals furnishing Individuals providing this service must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete training on the participant’s service plan, which includes but is not limited to communication, mobility and behavioral needs. 	ODP is simplifying the requirements for providers by aligning provider qualifications with the qualifications required by the ID/A waivers.

		<p>2. Complete standard ODP required orientation and annual training.</p> <p>3. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p>	
C-1/C-3	Specialized Skill Development	<p>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 activities of daily living and instrumental activities of daily living as an incidental component. Community Support may also include supporting a participant in management of the participant’s medical care, including assisting the participant with scheduling and attending medical appointments, filling prescriptions and self-administrating medications, keeping health logs and records, and monitoring participants for warning signs of a known diagnosis as identified in their service plan.</p> <p style="text-align: center;">***</p> <p>Direct Behavioral Specialist, Systematic Skill Building and/or Community Support services may be provided using remote technology in accordance with ODP policy. More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p>	<p>This addition to the service definition supports participants’ health, wellness and safety.</p> <p>CMS requested that this information be moved from a previous amendment to the renewals.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the</p>

		<p>Participants must have an informed choice to receive direct services in-person or using remote technology. Delivery of direct services using remote technology may only occur when the service plan team determines that using remote technology is the most appropriate service delivery method to meet the participant’s needs and goals. This determination must be based on consideration of all of the following:</p> <ul style="list-style-type: none"> • Service delivery complies with the requirements in the service definition, ODP policies, and regulations. • Service delivery must be provided by means that allow for two-way communication with the participant. Providers can call participants over the phone as an incidental component of the service to check-in with participants as allowed in the service definition or in emergency circumstances when all other criteria are met. • The provider has explained to the participant and everyone else residing in the home the impact that service delivery will have on their privacy. • How this service delivery method enhances the participant’s integration into the community. • The request to use remote technology to deliver services was initiated by a request from the participant and/or the family/representative when appropriate, and not the provider. • How the participant’s needs for hands-on-support during service provision will be met. • The provider, in conjunction with the service plan team, has developed a back-up plan that will be implemented should there be a problem with the technology. <p>The provider is responsible for ensuring that any technology used to render services must be HIPAA compliant. The provider is also responsible for providing initial and ongoing training and support to the participant, and anyone designated by the participant, regarding the operation of the technology used during service delivery, including turning it on and off at-will.</p>	<p>federal COVID-19 public health emergency.</p>
C-1/C-3	<p>Specialized Skill Development Provider Qualifications</p>	<p>Other Standard (<i>specify</i>):</p> <p>The Specialized Skill Development Agency must:</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Agencies Providing Waiver services will have a signed Medical Assistance Provider Agreement and Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 	<p>ODP is simplifying the requirements for providers by aligning provider qualifications with the qualifications required by the ID/A waivers.</p>

		<p>6. Have documentation that all vehicles used in the provision of Specialized Skill Development services have automobile insurance.</p> <p>7. Have documentation that all vehicles used in the provision of Specialized Skill Development services have current State motor vehicle registration and inspection.</p> <p>8. professional liability errors and omissions insurance and Have Workers' Compensation Insurance in accordance with state law.</p> <p>9. Ensure that staff (direct, contracted, in a consulting capacity or volunteers) meet the qualifications for this service.</p> <p>10. Comply with Department standards related to provider qualifications.</p> <p>Providers of Behavioral Specialists services must meet one of the following education or licensure requirements:</p> <ol style="list-style-type: none"> 1. Have a Pennsylvania Behavior Specialist License; OR 2. Have a Master's Degree or higher in Social Work, Psychology, Education, or Applied Behavior Analysis; OR 3. Have a Master's Degree or higher in any field with 50% or more coursework in Applied Behavior Analysis; or 4. Have a Master's Degree or higher 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. <p>In addition to the above requirements, Behavioral Specialists must also complete the following:</p> <ul style="list-style-type: none"> ○ Complete Training in conducting and using a Functional Behavioral Assessment (FBA) and in using positive behavioral support. The training must be provided by either ODP or by an accredited college or university. If this training was not provided by ODP, ODP must review and approve the course description; and ○ Complete required Training developed by ODP's Bureau of Supports for Autism and Special Populations (BSASP) for Specialized Skill Development (SSD): Behavioral Specialist Services for people with autism spectrum disorders. <p>Providers of Systematic Skill Building must meet one of the following requirements:</p> <ol style="list-style-type: none"> 1. Have at least a Bachelor's Degree or higher in Social Work, Psychology, Education, or a human services field related to Social Work, Psychology or Education; or 	
--	--	--	--

		<p>2. at least Have a Bachelor's Degree or higher in another field and 3 or more years' experience directly supporting individuals with ASD in the community.</p> <p>In addition to the above requirements, individuals who provide Systematic Skill Building must also complete required training developed by ODP for SSD: Systematic Skill Building services for people with autism spectrum disorders.</p> <p>Providers of Community Support must:</p> <ul style="list-style-type: none"> • 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 and annual training. <p>All individuals providing Specialized Skill Development (Behavioral Specialist, Systematic Skill Building, and Community Support), must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs. 3. Complete standard ODP required orientation and annual training. 4. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire. <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual's rehabilitation; and • The nature and requirements of the job. 	
--	--	--	--

		<p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p> <p>5. Have a valid driver's license if the operation of a vehicle is necessary to provide Specialized Skill Development.</p>	
C-1/C-3	<p>Temporary Supplemental Services <i>Provider Qualifications</i></p>	<p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Agencies Providing Waiver services will have a signed Medical Assistance Provider Agreement and Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 6. Have documentation that all vehicles used in the provision of Temporary Supplemental Services have automobile insurance for all automobiles owned, leased, and/or hired used as a component of this service. 7. Have documentation that all vehicles used in the provision of Temporary Supplemental Services have current State motor vehicle registration and inspection. 8. professional liability errors and omissions insurance and Have Workers' Compensation Insurance in accordance with state law. 9. Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service. 10. Comply with Department standards related to provider qualifications. <p>Temporary Crisis services staff must: Individuals providing this service must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Complete training on the needs of the participant included in the service plan, which includes but is not limited to communication, mobility and behavioral needs. 3. Complete standard ODP required orientation and annual training. 4. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau 	<p>ODP is simplifying the requirements for providers by aligning provider qualifications with the qualifications required by the ID/A waivers.</p>

		<p>of Investigation criminal history record check must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p> <p>5. If transporting participants, Have a valid driver’s license and automobile insurance. Have a high school diploma or equivalent if the operation of a vehicle is necessary to provide Temporary Supplemental Services.</p>	
C-1/C-3	Community Transition Services	Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institution or correctional facility to a private residence where the person is directly responsible for his or her living expenses. Institutions include ICF/IID, ICF/ORC, nursing facilities, and psychiatric hospitals, including state hospitals, where the participant has resided for at least 90 consecutive days.	ODP is expanding the service definition of Community Transition Services to support individuals who are transitioning from a correctional facility to a private residence.
C-1/C-3	Transportation	<p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Expenditures for Transportation is limited to \$4,500 \$5,000 per participant’s service plan year.</p>	ODP is increasing the financial limit on the Transportation service to accommodate the increased Fee Schedule Rates for Transportation Trip.
C-1/C-3	Home Modifications	<p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>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</p>	ODP is removing the requirement for an independent evaluation for home modifications that cost over \$1000 and replacing it with the need to obtain three bids. This will align the AAW

		<p>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.</p> <p>At least three bids must be obtained for home modifications that cost more than \$1,000. The least expensive bid must be chosen, unless there is documentation from the service plan team that justifies not choosing the lowest bid. If three contractors, companies, etc. cannot be located to complete the home modifications, documentation of the contractors or companies contacted must be kept in the participant's file.</p> <p>Participants authorized to receive Residential Habilitation services may not be authorized to receive Home Modifications.</p>	requirements with the requirements in the IDA waivers.
C-1/C-3	Community Transition Services, Home Modifications, and Vehicle Modifications <i>Provider Qualifications</i>	<p>Other Standard (<i>specify</i>):</p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Providers of waiver services will have a signed Medical Assistance Provider Agreement; Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance, professional liability errors and omissions insurance and. 6. Have Workers' Compensation Insurance in accordance with state law. 7. Comply with Department standards related to provider qualifications. 	ODP is simplifying the requirements for providers by aligning provider qualifications with the qualifications required by the ID/A waivers.
C-2-e	Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians	<p>A relative is any of the following by blood, marriage or adoption: Family members defined as parents, children, stepparents, stepchildren, grandparents, grandchildren, brothers, sisters, half-brothers, half-sisters, aunts, uncles, nieces or nephews. Relatives may provide Community Support, Residential Habilitation (Life Sharing), and Respite as employees of a provider agency providing these services. Family members Relatives may provide Transportation-Trip through an OHCD.</p>	ODP is broadening Residential Habilitation (Life Sharing) to allow it to be delivered by relatives and adding clarification in the definition of relative to align with the ID/A waivers.

D-1-d	Service Plan Development - Service Plan Development Process	<p>The Supports Coordinator shall complete the following activities as needed during the comprehensive annual review of the service plan according to the following timelines:</p> <p style="text-align: center;">***</p> <p>(7) If ODP requests revision of the service plan, resubmit the amended service plan for approval and authorization within 7 days of the date ODP requested that the service plan be revised.</p> <p>(8) Distribute the service plan to the service plan team members, including the participant and representative (if applicable), who do not have access to HCSIS, within 14 days of its approval and in a manner chosen by the team member.</p> <p style="text-align: center;">***</p> <p>Qualified providers of services are responsible for the following service plan roles and functions:</p> <p>*Signing Acknowledging receipt of the updated service plan within 7 calendar days of from the Supports Coordinator's request for signature and confirming agreement to revisions made;</p> <p style="text-align: center;">***</p> <p>(B) The Types of Assessments That Are Conducted To Support The Service Plan Process, Including Securing Information About Participant Needs, Preferences And Goals, And Health Status</p> <p>The Supports Coordinator uses the Scales of Independent Behavior-Revised (SIB-R) to assess each participant's strengths and needs regarding independent living skills and adaptive behavior. The SIB-R also identifies risk factors related to challenging behaviors, such as behavior harmful to self or others. The SIB-R takes approximately an hour to complete and is conducted face-to-face with the participant (and a proxy such as a family member if the individual cannot communicate verbally). The SIB-R is completed in advance of the initial ISP development, and at least annually thereafter.</p> <p>The Supports Coordinator uses the Quality of Life Questionnaire (QoLQ) developed by Schalock et al. to measure whether the waiver is improving the participant's quality of life. This questionnaire is a face-to-face interview with the participant or proxy and is conducted at the same time as the SIB-R. It takes approximately 30 minutes to complete.</p>	<p>ODP is providing clarification to align with current policy and practice.</p> <p>ODP is removing language from the AAW regarding the types of assessments that are conducted and will provide this information in a policy.</p>
-------	---	--	--

		<p>A third assessment is the Parental Stress Scale (PSS). The PSS evaluates the total stress a parent feels based on the combination of the participant's and parents' characteristics. The PSS is administered to a parent or close family member, e.g., a grandparent or aunt. It is not administered to a participant's spouse, partner or significant other. In circumstances where the participant does not reside with a parent or close family member, but remains in contact with a parent or close family member, the expectation is that the Supports Coordinator still attempt to obtain a completed PSS from the parent or close family member. The parent or close family member may complete the PSS without the assistance of the Supports Coordinator and gives the completed questionnaire to the Supports Coordinator. It takes approximately 30 minutes to complete. The PSS is completed in advance of the initial ISP development, and at least annually thereafter.</p> <p>ODP utilizes a multifaceted assessment process to drive the initial and ongoing service plan development. The participant's needs are identified through an assessment of functional need and are included and addressed in the service plan. Assessments are administered by the Supports Coordinator, Behavioral Specialist, or residential provider.</p> <p style="text-align: center;">***</p> <p>(d) How the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences</p> <p>The Supports Coordinator and the planning team also use the information obtained from the SIB-R, CoLQ, and PSS assessments completed in accordance with ODP policy to identify a participant's needs.</p> <p style="text-align: center;">***</p> <p>Supports Coordinators are responsible for regularly communicating with the participant's other waiver service providers to monitor the provision of services. Supports Coordinators must contact waiver service providers and visit the participant in-person conduct monitoring at least quarterly to monitor that services are being provided in the amount, duration and frequency specified in the service plan. Visits with the participant must occur both in the participant's home and in other settings where he or she receives services.</p> <p>(g) How and when the plan is updated, including when the participant's needs change</p>	
--	--	--	--

		<p>Supports Coordinators must update the service plan at least every twelve months. The Supports Coordinator performs the SIB-R, QoLQ and PSS assessments, and conducts assessments in accordance with ODP policy, then reconvenes the service plan team to update the service plan. The service plan team reviews the results of the assessments, outcomes, participant's needs, and services in the service plan and changes the service plan accordingly.</p> <p style="text-align: center;">***</p> <p>(h) Interim Service Plan</p> <p>An interim service plan may be used only when a participant is enrolled in the waiver using reserved capacity for adults with ASD who have experienced abuse, exploitation, abandonment, and/or neglect and who have a protective services plan developed pursuant to the Adult Protective Services Act that specifies a need for long-term support. The interim plan will allow waiver services to start immediately to prevent future abuse, exploitation, abandonment, and/or neglect. An interim plan can be used for no more than 45 days. It is used in order to initiate services quickly and in advance of the development of the full service plan. ODP staff will provide supports coordination and work with the participant and representative (if applicable), Adult Protective Services staff, and others identified by the participant to create the interim plan. ODP will use the same process as is used to develop a full service plan except the SIB-R, QoL, and PSS assessments will not be completed and only those parts of the service plan that are needed to facilitate completion of a temporary plan to prevent abuse, exploitation, abandonment, and/or neglect will be completed.</p>	
D-1-e	Service Plan Development - Risk Assessment and Mitigation	<p>The assessments described in Appendix D-1-d identify several types of risk that can affect people with ASD, including:</p> <ul style="list-style-type: none"> -Unstable housing situations -Challenging behaviors that can lead to a participant's hospitalization or incarceration -Stress that impedes informal caregiver supports -Physical and mental health risks -Risk of abuse, neglect, and exploitation <p>The assessment process described above also identifies potential risks for the participant and includes a specific risk assessment tool, the Periodic Risk Evaluation (PRE). This tool is designed to assess risk across eight risk domains. The domains include participant involvement with law enforcement, risk of harm to self or others, unstable living situations, natural supports, stressful life events, co-occurring medical conditions, co-occurring mental health diagnoses, and substance use issues. The PRE helps service plan teams identify areas that should be</p>	ODP is adding specific information on the protocols in place, including the Periodic Risk Evaluation, to assess and mitigate participant risk.

addressed through a case conceptualization and risk mitigation process. The PRE also identifies those participants that may benefit from additional resources.

~~The assessments specified in the service planning process described in Appendix D-1-d include questions to identify the level of these risks. The service plan team will identify risks based on the~~ **using assessments in accordance with ODP policy and the PRE and service plan team member's knowledge of concerns. The service plan team will** ~~and~~ **develop strategies to address the risks based on the participant's needs, strengths, and preferences. Each service plan will contain detailed information on supports and strategies designed to mitigate risks to the participant. The strategies identified to mitigate risks must be person-centered and designed to support participant preferences and outcomes.** ~~If a participant refuses to perform actions needed to ensure his or her health or welfare, such as going to routine medical or dental examinations or complying with recommended medical or dental treatment, the refusal and continued attempts to inform the individual about the significance of the need to take certain actions shall be documented in the individual's file or service notes in HCSIS. Assessment, identification of risk, and determining how to address risk during the service plan process occur during a participant's initial enrollment in the waiver, during the development of the initial service plan, and at least annually thereafter as part of revising the service plan. The Supports Coordinator is responsible for ensuring that assessed risks are considered when determining the goals or objectives of the service plan. As part of ODP's review of each service plan, ODP reviews the assessments used in the service plan development process, including the PRE. This review includes confirming that the service plan team identified and addressed assessed risks. If ODP determines that identified risks are not sufficiently addressed in the service plan, the Supports Coordinator will be asked to provide additional information or revise the service plan.~~

Supports Coordinators must obtain updated information about the status of identified risks at least quarterly and will include risk assessment as part of the Supports Coordinator's quarterly monitoring of a participant's supports. For **more urgent** risks ~~that require more urgency~~, such as loss of a primary caregiver, suicidal ideation, or a risk of eviction from housing at a date certain, Supports Coordinators will be required to obtain more frequent updates **about the status of the participant and the identified risk** to ensure risk is being addressed.

Supports Coordinators are required to review the participant's right to report abuse with all participants annually in accordance with ODP policy.

~~When a waiver participant resides in their own home or in a family member's home, the participant's ISP must identify how back-up support will be provided in emergency situations such as when a staffing absence would~~

		<p>jeopardize the individual's health and welfare. Back-up plans are developed as part of the ISP development process and depending on the individual's circumstances could include a family member, friend, or neighbor being available to assist the individual with little to no advance notice.</p> <p>A back-up plan is the strategy developed by a provider to ensure the services that are authorized are delivered in the amount, frequency, scope and duration as written in the participant's service plan. These back-up plans are developed with the unique needs and risk factors of the participant in mind and are discussed and shared with the participant, his or her family and team members. The back-up plan should address contingencies such as emergencies, including the failure of a direct support professional to appear when scheduled, or when the absence of the service presents a risk to the participant's health and welfare. In addition, back-up plans for remote supports utilized in any setting should ensure that the technology meets all applicable state and local laws, regulations and policies. Back-up plans are incorporated into the service plan by the Supports Coordinator to ensure that the entire team is aware of the strategies necessary to reduce and, when needed, address risks. Back-up plans are reviewed at the annual service plan meeting and revised as needed throughout the year.</p>	
D-2-a	Service Plan Implementation and Monitoring	<p>(c) The frequency with which monitoring is performed</p> <p>The Supports Coordinator is required to visit the participant in person at least once each quarter or every three (3) months. Within each year;</p> <ul style="list-style-type: none"> •At least one visit must occur in the participant's home; and •At least one visit must occur in a location outside the home where a participant receives services, if services are furnished outside the home. <p>A remote face-to-face monitoring, defined as real time audio and visual view where the Supports Coordinator can see and hear the participant, the caregiver(s) and the environment using technology, can take place one out of the four required face-to-face monitorings per service plan year when both of the following are met:</p> <ul style="list-style-type: none"> • The Supports Coordinator can see and hear the participant, the caregiver(s) and the environment using the technology; and • The Supports Coordinator has given the participant an informed choice to receive the face-to-face monitoring remotely or in-person. 	<p>ODP is clarifying the requirements in the waiver for when face-to-face monitoring by Supports Coordinators is required and when remote monitoring is allowed.</p> <p>Changes were made to clarify that if monitoring is conducted remotely by the Supports Coordinator, it must be the choice of the participant. These changes were based on feedback received during the public comment period.</p>
F-1 and F-2	Opportunity to Request a Fair Hearing and Additional Dispute Resolution Process	<p>A participant will also have his or her right to request a fair hearing discussed annually during the annual plan review meeting or at any other time upon request. In addition a participant will be notified in writing that he or she has a right to a fair hearing when ODP takes one of the following actions:</p>	<p>Language removed about the right to a fair hearing if a person is placed on the interest list because the interest list is no longer used. Clarification added</p>

		<p>a) An individual is determined ineligible for the Adult Autism Waiver; b) An applicant or participant is not given the choice between community and institutional services (i.e., between Home and Community Based Services through the Adult Autism Waiver and Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC) or Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID) services); c) A participant is denied the provider(s) of their choice; d) Actions are taken to deny new or additional services; or e) Actions are taken to suspend, reduce, or terminate existing services to a participant.;or f) A person is placed on the interest list according to Appendix B-3 f.</p> <p style="text-align: center;">***</p> <p><input type="checkbox"/> No. This Appendix does not apply <input checked="" type="checkbox"/> Yes. The state operates an additional dispute resolution process</p> <p>If a participant files an appeal, The participant has the right to request an optional pre-hearing conference with ODP, as applicable (55 Pa. Code § 275.4(a)(3)(ii) [relating to Procedures]). The pre-hearing conference gives both parties the opportunity to discuss and attempt to resolve the matter prior to the hearing. Neither party is required to change its position. The pre-hearing conference does not replace or delay the fair hearing process.</p> <p>Final orders issued by the Department’s Bureau of Hearings and Appeals must be implemented within 30 calendar days of the final order if ruled in favor of the appellant.</p>	<p>regarding the appeals process to align with the ID/A waivers.</p>
F-3	State Grievance/Complaint System	<p>ODP operates a general information line at 1-866-539-7689, has a general information e-mail address, and a mailing address, all of which are posted on the DHS web site that it uses to receive complaints. ODP provides this contact information for complaints in writing after a person has been determined eligible for the waiver. The notification also explains that the individual has the right to request a fair hearing if applicable according to Appendix F-1 and explains that the complaint is not a pre-requisite or a substitute for a fair hearing.</p> <p>All complaints are logged into a database. Complaints may include the following topics:</p> <ul style="list-style-type: none"> •Service quality •Service timeliness •Other topics related to the waiver 	<p>ODP is not changing procedures but is aligning the language in this section with the language used in the ID/A waivers.</p>

		<p>After a complaint is properly documented, it is forwarded to the appropriate staff person at ODP for resolution and that resolution is entered into the database. ODP will resolve complaints within 30 calendar days and the participant will be notified in writing of the resolution.</p> <p>ODP will complete quarterly reports of complaints and their resolution. This report will be shared with staff for review and to assure all follow-up work to resolve complaints has been done.</p> <p>ODP's grievance/complaint system is comprised of two main components. The first is a Customer Service Line; the second is in writing, via email. Participants, family members and representatives, AEs, providers, advocates, and other interested parties may use these two components to ask questions, request information, or report any type of issue or complaint.</p> <p>The Customer Service Line is a general information line operated by ODP. Complaints can also be received in writing via mail, fax, hand delivery, or email. ODP provides this contact information upon enrollment in the waiver. The DHS website also offers a "feedback" page for users who wish to comment on intellectual disability and autism services. Feedback, when received, is automatically forwarded to ODP.</p> <p>When a complaint/grievance is received by ODP through the Customer Service Line or by email, information relating to the complaint/grievance is obtained and entered into a database. Information collected that includes, but it not limited to, the complainant's contact information and the nature of the complaint. The information is then referred to the appropriate staff person at ODP for follow-up. The complainant is contacted within 24 hours and corrective action is planned in conjunction with the provider, if warranted.</p> <p>Follow-up activities are determined and triaged on the level of risk to a participant's health, welfare, or rights as described in the complaint allegation. Allegations that pose a high risk (such as abuse, mistreatment, unsafe living conditions, etc.) are responded to immediately through mechanisms such as licensing inspections or investigations by ODP. Lower-risk allegations are generally acted upon within 3 business days of receipt.</p> <p>Corrective action must occur or be planned within 21 business days, unless there is an imminent health and safety risk, in which case corrective action is taken immediately. If corrective action is not carried out by the provider as planned, ODP staff will contact the provider to ensure that corrective action is undertaken or planned within 72 hours.</p>	<p>ODP is clarifying that a grievance/complaint can be received in writing by any means based on feedback from public comments.</p>
--	--	--	---

		<p>ODP will resolve complaints within 30 calendar days of the date the complaint was submitted unless ODP is unable to resolve the complaint within 30 days due to circumstances beyond ODP’s control, in which case the complaint will be resolved as soon as possible. and the participant will be notified in writing of the resolution. A summary of the resolution of the complaint is entered into a database maintained by ODP.</p> <p>In addition to ODP’s responsibilities, providers are required to develop procedures to receive, document and manage grievances they receive from sources other than the Department, especially participants and their designated persons. The provider is responsible for informing the participant and persons designated by the participant, upon initial entry into the provider’s program and annually thereafter, of the right to file a grievance and the procedure for filing a grievance. The grievance shall be resolved within 21 days from the date the grievance was received. The initiator of the grievance shall be provided a written notice of the resolution or findings within 30 days from the date the grievance was received.</p> <p>Providers must resolve complaints and report the findings or resolution to the complainant within 30 days of the date the complaint was submitted unless the provider is unable to resolve the complaint within 30 days due to circumstances beyond the provider’s control, in which case the provider must document the basis for not resolving the complaint within 30 days and report the complaint findings or resolution within 30 days after the circumstances beyond the provider’s control no longer exist.</p> <p>ODP or the provider is responsible for informing participants that any of the grievance/complaint systems described above is neither a pre-requisite, nor a substitute for a fair hearing.</p>	<p>ODP is clarifying the timeframes for grievance/complaint resolutions for providers to align with regulatory requirements and based on feedback from public comments.</p>
G-1-b	Response to Critical Events or Incidents - State Critical Event or Incident Reporting Requirements	<p>All incidents are investigated to rule out or identify instances of abuse, neglect, or exploitation. In addition, certain categories of incidents are required to be investigated by an ODP a Department-certified investigator. These include incidents of abuse, neglect, misuse of funds, death and rights violations. Misuse of funds and rights violations are considered exploitation.</p> <p>Abuse is defined as an allegation or actual occurrence of the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse or exploitation a deliberate or careless act by a person, including another individual receiving services, which may result in mental or physical harm. Abuse includes misapplication or unauthorized use of restraint with or without injury, physical or psychological acts, and instances of seclusion. Abuse is reported on from the victim’s perspective, not the person committing the abuse.</p>	<p>Revisions are being made to align with 55 Pa. Code Chapter 6100 and current policies regarding incident reporting.</p>

		<p>-Physical abuse. An intentional physical act by staff or other person which causes or may cause physical injury to an individual, such as striking or kicking, as well as applying noxious or potentially harmful substances or conditions to an individual.</p> <p>-Psychological abuse. An act, other than verbal, which may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual.</p> <p>-Sexual abuse. An act or attempted acts such as rape, incest, sexual molestation, sexual exploitation or sexual harassment and inappropriate or unwanted touching of an individual by another. Any sexual contact between a staff person and an individual is abuse.</p> <p>-Verbal abuse. A verbalization that inflicts or may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual.</p> <p>-Improper or unauthorized use of restraint. A restraint not approved in the individual support plan or one that is not a part of an agency's emergency restraint procedure is considered unauthorized. A restraint that is intentionally applied incorrectly is considered an improper use of restraint.</p> <p>Neglect is defined as the failure to obtain or provide the needed services and supports defined as necessary or otherwise required by law, or regulation, policy, or plan (ISP, Behavior Support Plan, safety plan, etc.). This includes the failure to provide needed care such as shelter, food, clothing, personal hygiene, medical care, protection from health and safety hazards, attention and supervision, including leaving individuals unattended and other basic treatment and necessities needed for development of physical, intellectual and emotional capacity and well-being. This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm. Examples of neglect include but are not limited to failure to provide medication management, needed services and supports, needed supervision, or protection from hazards.</p> <p>Exploitation is defined to include misuse of funds and rights violation. as an act or course of conduct by a person against an individual or an individual's resources without informed consent or with consent obtained through misrepresentation, coercion, or threats of force, which results in monetary, personal, or other benefit, gain, or profit for the target, or monetary or personal loss to the individual. Exploitation should be reported regardless of the actual or perceived value of the loss. Exploitation includes failure to obtain informed consent, the illegal or improper act of using the material resources or possessions of an individual, requiring an individual to pay for medical care or items covered by insurance or other means, missing/theft of medications, misuses/theft of</p>	
--	--	--	--

funds, requiring an individual to pay for items covered by room and board or charging more than allowable rates for room and board, and using an individual to perform unpaid labor.

~~Misuse of funds. An intentional act or course of conduct which results in the loss or misuse of an individual's money or personal property. Requiring an individual to pay for an item or service that is normally provided as part of the individual support plan is considered financial exploitation and is reportable as a misuse of funds. Requiring an individual to pay for items that are intended for use by several individuals is also considered financial exploitation. Individuals may voluntarily make joint purchases with other individuals of items that benefit the household.~~

Rights violation **is defined as an unauthorized act which is intended to improperly restricts or denies the human or civil rights of an individual, including those rights which are specifically mandated under applicable law, regulations, policy or plan. Rights violations include any violation of civil or legal rights afforded by law, failure to support an individual to communicate at all times, failure to support choice and opportunity related to health care, violation of privacy, violation of an individual's right to control services received, and any unauthorized use of a restrictive procedure.** Examples include the unauthorized removal of personal property, refusal of access to the telephone, privacy violations and breach of confidentiality. This does not include restrictions that are imposed by court order or consistent with a waiver of licensing regulations.

Sexual Abuse is defined as any attempted or completed nonconsensual sexual act. The act may be physical or non-physical and achieved by force, threats, bribes, manipulation, pressure, tricks, violence or against an individual who is unable to consent or refuse. Sexual abuse includes any act or attempted act that is sexual in nature between a paid service provider staff and an individual regardless of consent on the part of the individual. Examples include rape, sexual harassment, and unwanted sexual contact.

Below is a listing of the types of incidents that require reporting within 24 hours of occurrence or discovery:

- (1) Death.
- (2) A physical act by an individual in an attempt to commit suicide. **An intentional and voluntary act to take one's own life.**
- (3) Inpatient admission to a hospital.
- (4) **Behavioral health crisis event.**
- (5) Abuse, including abuse to an individual by another individual.
- (6) Neglect, **including passive and self-neglect.**

		<p>(7) Exploitation.</p> <p>(8) An individual who is missing for more than 24 hours for which there was no prior arrangement or who could be in jeopardy if missing for any period of time.</p> <p>(9) Law enforcement activity that occurred during the provision of an HCBS a service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual.</p> <p>(10) Injury requiring treatment beyond first aid.</p> <p>(11) Fire requiring the services of the fire department or other safety personnel not including responses to false alarms.</p> <p>(12) Emergency Site closure.</p> <p>(13) A violation of individual rights.</p> <p>(14) Theft or misuse of individual funds.</p> <p>(14) Crisis Event.</p> <p>The following types of incidents require reporting within 72 hours of occurrence or discovery:</p> <p>(1) Use of a Physical restraint.</p> <p>(2) A medication error as specified in 55 Pa. Code § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.</p> <p>The following types of incidents are to be reported when directed:</p> <p>(1) Declared emergency</p> <p>(2) Public health emergency</p> <p>The following types of incidents require a formalized investigation to be completed by a Department-certified incident investigator:</p> <p>(1) Death that occurs during the provision of a service.</p> <p>(2) Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.</p> <p>(3) Abuse, including abuse to an individual by another individual.</p> <p>(4) Neglect, with the exception of passive or self-neglect.</p> <p>(5) Exploitation.</p> <p>(6) An injury requiring treatment beyond first aid as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.</p> <p>(7) Theft or misuse of individual funds.</p> <p>(8) A violation of individual rights.</p>	
--	--	---	--

		<p>If EIM is unavailable, providers must complete and e-mail incident reports using a password-protected Excel form developed by ODP. Providers must e-mail the password separately to protect participant confidentiality. The forms were designed to collect the exact data collected in EIM. In such cases, ODP staff will notify SCs of critical incidents for the participants they serve via telephone and/or e-mail of password-protected files.</p> <p>Individuals and/or entities that must report incidents</p> <p>—Providers:</p> <p>Employees, contracted agents and volunteers of Adult Autism Waiver providers are to respond to events that are defined as an incident. When an incident is recognized or discovered by a provider, prompt action is to be taken to protect the individual's health, safety and rights. The responsibility for this protective action is assigned to the provider initial reporter and point person. The protection may include calling 911, escorting to medical care, separating the perpetrator, arranging for counseling and referring to a victim assistance program. Unless otherwise indicated in the individual support plan, the provider point person or designee is to inform the individual's family or representative within 24 hours, or within 72 hours for medication errors, of the occurrence of an incident and to also inform the family or representative of the outcome of any investigation.</p> <p>After taking all appropriate actions following an incident to protect the individual, the provider is to report all categories of incidents and complete an investigation as necessary whenever services or supports are:</p> <ol style="list-style-type: none"> 1. Rendered at the provider's site; 2. Provided in a community environment, other than an individual's home, while the individual is the responsibility of an employee, contracted agent or volunteer; or 3. Provided in an individual's own home or the home of his family, while an employee, contracted agent or volunteer is providing services in the home. <p>In addition, employees, contracted agents or volunteers of provider agencies are to report deaths, alleged abuse, or neglect when they become aware of such incidents regardless of where or when these incidents occur. If the death, alleged abuse or neglect occurred beyond the provider's responsibility as specified above (relating to providers) the provider is not to report the incident according to Appendix G-1-b, but instead should give notice of the incident to the individual's supports coordinator.</p> <p>—Individuals and families.</p>	
--	--	---	--

		<p>Individuals and families are to notify the provider, when they feel it is appropriate, or their supports coordinator regarding any health and safety concerns they may have related to a service or support that they are receiving. If an individual or family member observes or suspects abuse, neglect or any inappropriate conduct, whether occurring in the home or out of the home, they should contact the provider or their supports coordinator, or both and they may also contact ODP directly at a toll free number, 1-866-539-7689. The supports coordinator will either inform the involved provider of the incident or file an incident report. Once informed by the supports coordinator, the provider is subsequently responsible to take prompt action to protect the individual, complete an investigation as necessary and file an incident report. In the event of the death of an individual, the family is requested to notify the supports coordinator.</p> <p>–Supports Coordinators The supports coordinator is to immediately notify the provider when an individual or family informs their supports coordinator that an event has occurred that can be defined as an incident and services or supports were:</p> <ol style="list-style-type: none"> 1. Rendered at the provider’s site; 2. Provided in a community environment, other than an individual’s home, while the individual is the responsibility of an employee, contracted agent or volunteer; or 3. Provided in an individual’s own home or the home of his family, while an employee, contracted agent or volunteer is providing services in the home. <p>The provider is responsible for taking prompt action to protect the individual, completing an investigation as necessary and filing an incident report.</p> <p>When an individual or a family member informs the supports coordinator of an event that can be categorized as an incident and the provider is not responsible for reporting the incident as specified in items 1 – 3 above, the supports coordinator will take prompt action to protect the individual. The supports coordinator may need to employ the resources of law enforcement, area agency on aging, counselors or other protective service agencies to protect the individual. Once the individual’s health and safety are assured the supports coordinator will report the incident to ODP using the incident reporting methods described above. The supports coordination organization will assign a certified investigator if necessary according to Appendix G-1-d.</p> <p>When the individual’s supports coordinator is informed of the death of the individual, the supports coordinator will determine if a report has been filed by a provider. If a provider is not required to file the report, the supports coordinator will file an incident report.</p>	
--	--	--	--

		<p>If a supports coordinator is informed that a provider suspects that abuse or neglect is occurring beyond the authority of the provider to investigate as specified in items 1 – 3 above, the supports coordinator is to take all available action to protect the health and safety of the individual. The supports coordinator may need to employ the resources of law enforcement, area agency on aging, counselors or other protective service agencies to protect the individual. Once the individual's health and safety are assured the supports coordinator will report the incident to ODP using the incident reporting methods described above and the supports coordination organization will assign a certified investigator if necessary according to Appendix G-1-d.</p> <p>–Office of Developmental Programs In some circumstances, ODP staff may be required to report incidents. ODP staff are to report deaths and incidents of alleged abuse or neglect in circumstances when the process for reporting or investigating incidents, described in this waiver document, for providers or support coordination organizations compromises objectivity. All providers must also comply with the notification requirements of 35 P.S. §§ 10225.101 – 10225.5102 (Older Adults Protective Services Act) and 35 P.S. §§ 10210.101 – 10210.704 (Adult Protective Services Act).</p>	
G-1-c	Response to Critical Events or Incidents - Participant Training and Education	<p>Supports Coordinators deliver and discuss information concerning protections from abuse, neglect, and exploitation, including how to notify appropriate authorities. Each waiver participant receives a document that includes contact information for Supports Coordinators, local authorities, family members, and advocacy organizations. Waiver participants, families, and/or legal representatives can use this information as needed to report concerns regarding abuse, neglect, and exploitation. This information is discussed at least annually or more frequently as determined necessary by the Supports Coordinator and at the request of a participant or caregiver.</p> <p>ODP has a series of webinars and webcasts that are available to participants, families and/or legal representative on the topic of recognition and reporting of incidents, including abuse, neglect and exploitation.</p>	ODP is updating the waiver to include information on additional resources that are available for participants, families and legal representatives.
G-1-d	Response to Critical Events or Incidents - Responsibility for Review of and Response to Critical Events or Incidents	<p>Entities that receive and evaluate reports:- ODP receives initial notification within the EIM system when the first section of the incident report is submitted by a provider or SCO. Notification is also received when the final section of the incident report is submitted by a provider or SCO. ODP evaluates all incident reports within 24 hours of their submission to ensure that:</p> <ul style="list-style-type: none"> • The provider took prompt action to protect the participant's health, safety and rights. This may include but is not limited to contacting emergency services such as 911, arranging medical care, separating the perpetrator and victim, arranging counseling or referring to a victim assistance program. • When applicable, the provider met the mandatory reporting requirements by contacting the appropriate protective services agency for adults with a disability or older adults. 	ODP is updating the waiver to align with current policy and practice.

		<ul style="list-style-type: none"> • The provider notified the family or guardian of the incident within 24 hours (unless otherwise indicated in the individual support plan). • When applicable, the provider initiated an investigation by assigning the case to an ODP Certified Investigator (CI). <p>Pennsylvania protective service laws requires mandated reporters to ensure notification of incidents of abuse, neglect, exploitation, abandonment and suspicious death that meet the reporting criteria to state protective service agencies. ODP also complies with Pennsylvania’s ACT 28/26, Neglect and Abuse of Care-dependent person laws in accordance with Title 18 of the PA Consolidated Statute §2713 and §2713.1, which requires reporting the abuse or neglect of care-dependent persons to the State Attorney General’s office and/or other local District Attorney’s offices.</p> <p>ODP requires separation of the victim from the alleged perpetrator (also known as the “target” of the investigation) when an allegation of abuse, neglect, or exploitation is made, and the individual’s health and safety are jeopardized. Targets may not have contact with any participants registered to receive services until the investigation is concluded. This separation may include suspending or terminating the alleged target. In accordance with 55 Pa. Code §6100.46 (b), If there is an incident of abuse, suspected abuse or alleged abuse of an individual involving a staff person, household member, consultant, intern or volunteer, the involved staff person, household member, consultant, intern or volunteer may not have direct contact with an individual until the investigation is concluded and the investigating agency has confirmed that no abuse occurred or that the findings are inconclusive. Additionally, in accordance with 55 Pa. Code §6100.46(c), the provider shall immediately report the abuse, suspected abuse or alleged abuse to the individual, persons designated by the individual, and ODP.</p> <p>In accordance with ODP policy, when the alleged target is not an employee, staff, volunteer, contractor, consultant, or intern of the provider or SCO (i.e. family member, unpaid caregiver, community member, etc.), the provider or SCO should work with the appropriate protective service entity and take all available action to separate the victim from the alleged target(s). When a participant who is residing with his or her family experiences an incident that jeopardizes the victim’s health and safety, the provider, SCO or ODP will seek the assistance of law enforcement or Protective Service Agencies, who have the authority to remove the alleged perpetrator or the victim from the home or environment to ensure safety.</p> <p>In accordance with ODP policy, when the alleged target is another individual receiving services and presents a reasonable expectation of on-going risk to the victim or other individuals, the provider must collaborate with the SCO to identify ways to protect the health, safety and rights of the victim. Actions taken should be implemented</p>	
--	--	--	--

		<p>using a victim centered approach, which includes a systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services.</p> <p>In accordance with 55 Pa. Code §6100.402(a), the provider shall take immediate action to protect the health, safety and well-being of the individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident. When incidents of neglect, exploitation, rights violation are alleged and the target is a staff person, consultant, intern or volunteer, ODP requires providers to ensure separation of the victim from the alleged perpetrator when appropriate, when requested by the victim, and anytime the individual's health, safety, and well-being are jeopardized. Providers must provide details of immediate actions taken in the initial incident report submitted to ODP.</p> <p>Incidents of abuse, neglect, exploitation misuse of funds, rights violation and death are investigated by persons that have completed the Department's approved certification course. Department-certified investigators (CIs) follow protocols established by ODP as part of the investigatory process. CIs accommodate the witness's communication needs as appropriate and conduct interviews individually, and in a private place, if possible. If the witness requires the presence of a third party, the CI must arrange for third party representation (i.e. a staff person or family member). The provider then completes and finalizes the report, including the investigation summary, within 30 days of the incident.</p> <p>ODP evaluates all finalized reports within 30 days of their notification and approves the report if: After the provider or SC submits the final section of the incident report, ODP staff perform a management review within 30 days and approve the report if:</p> <ul style="list-style-type: none"> • The appropriate action to protect the participant's health, safety and rights occurred; • The incident was correctly categorized; • Timely completion of the certified investigation occurred; • The investigation summary supports the conclusion; • Safeguards to prevent reoccurrence are in place; • Corrective actions have occurred, or are planned to occur, in response to the incident to prevent reoccurrence. When corrective actions are planned the anticipated date of completion must be indicated; • Changes were made in the participant's service plan necessitated by or in response to the incident; • The participant or participant's family received notification of the findings by the reporting entity prior to the finalization of the incident report, unless otherwise indicated in the individual plan; and • Incidents of abuse, neglect and exploitation were reported to the appropriate authority as required by Pennsylvania law. 	
--	--	--	--

		<p style="text-align: center;">***</p> <p>Prior to each of their monthly contacts with participants, Supports Coordinators review EIM for the status of the participants' incident reports and to identify the need for any service plan changes to prevent re-occurrence of any incidents.</p>	
G-1-e	Response to Critical Events or Incidents - Responsibility for Oversight of Critical Incidents and Events	<p>ODP is responsible for the oversight of and response to critical incidents. ODP evaluates all finalized reports and completes a management review within 30 days after the provider submits the incident report. This oversight occurs on an ongoing basis. If the provider is licensed, ODP notifies the licensing agency of the incident and coordinates response to the incident with the licensing agency. Interaction with licensing agency staff must be made within one working day of reviewing and evaluating the incident.</p> <p style="text-align: center;">***</p> <p>Prior to each of their monthly contacts with participants, supports coordinators review EIM (or if EIM functionality is unavailable) records they maintain based on e-mail notification of incidents as described in Appendix G-1-b and G-1-d) for the status of participants' incident reports and to identify the need for any ISP changes to prevent re-occurrence of any incidents.</p>	ODP is updating the waiver to align with current policy and practice.
G-2-a(i)	Safeguards Concerning Restraints and Restrictive Interventions - Safeguards Concerning the Use of Restraints.	<p>ODP is clear on its mission to eliminate restraints as a response to challenging behaviors. ODP articulated a policy to prevent restraint use in a provider manual for all providers and in a manual specifically for supports coordinators. In addition, providers licensed by DHS to serve people with intellectual disabilities must follow practices articulated in the licensing regulations related to restraints (55 Pa. Code Chapters 2380, 6400, and 6500).</p> <p>ODP only permits physical restraints, defined as a manual physical hands-on method that restricts, immobilizes or reduces an individual's ability to move the individual's arms, legs, head or other body parts freely. Physical restraints may only be used in the case of an emergency or crisis to prevent an individual from immediate physical harm to himself or others. A physical restraint may not be used for more than 30 cumulative minutes within a 2-hour period.</p> <p>Physical restraints may be used only as a last resort safety measure when the participant is in immediate danger of harming him or herself and/or others and less restrictive techniques and resources have been tried but failed. A physical restraint may not be used as a behavioral intervention, consequence, retribution, punishment, for the convenience of staff persons or as a substitution for staffing or individual support.</p>	Revisions are being made to align with 55 Pa. Code Chapter 6100 and current policies regarding incident reporting.

		<p>The following restraints are prohibited:</p> <ul style="list-style-type: none"> • Seclusion, defined as involuntary confinement of an individual in a room or area from which the individual is physically prevented or verbally directed from leaving. Seclusion includes physically holding a door shut or using a foot pressure lock. • Prone position physical restraints and any physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor. • Aversive conditioning, defined as the application of startling, painful or noxious stimuli. • Pressure point techniques, defined as the application of pain for the purpose of achieving compliance. A clinically accepted bite release technique that is applied only as long as necessary to release the bite is not considered a pressure point technique. • A chemical restraint, defined as a drug used for the specific and exclusive purpose of controlling acute, episodic behavior. A chemical restraint does not include a drug ordered by a health care practitioner or dentist for the following use or event: <ul style="list-style-type: none"> (i) Treatment of the symptoms of a specific mental, emotional or behavioral condition. (ii) Pretreatment prior to a medical or dental examination or treatment. (iii) An ongoing program of medication. (iv) A specific, time-limited stressful event or situation to assist the individual to control the individual's own behavior. • A Pro Re Nata (PRN) order for controlling acute, episodic behavior is a chemical restraint. • A mechanical restraint, defined as a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body, including a geriatric chair, bedrail that restricts the movement or function of the individual, helmet with fasteners, waist strap, head strap, restraint vest, camisole, restraint sheet, restraint board, handcuffs, anklets, wristlets, muffs and mitts with fasteners, chest restraint, and other similar devices. A mechanical restraint does not include the use of a seat belt during movement or transportation. A mechanical restraint does not include a device prescribed by a health care practitioner for the following use or event: <ul style="list-style-type: none"> (i) Post-surgical or wound care. (ii) Balance or support to achieve functional body position, if the individual can easily remove the device or if the device is removed by a staff person immediately upon the request or indication by the individual, and if the individual plan includes periodic relief of the device to allow freedom of movement. (iii) Protection from injury during a seizure or other medical condition, if the individual can easily remove the device or if the device is removed by a staff person immediately upon the request or 	
--	--	--	--

		<p>indication by the individual, and if the individual plan includes periodic relief of the device to allow freedom of movement.</p> <p style="text-align: center;">***</p> <p>The use of a physical restraint is always a last resort emergency response to protect the participant’s safety. Consequently, it is never used as a punishment, behavioral intervention, or for staff convenience. The participant is immediately to be released from the physical restraint as soon as it is determined that the participant is no longer a risk to himself/herself or others. Additionally, 55 Pa. Code § 6100.343 requires that “every attempt shall be made to anticipate and de-escalate the behavior using techniques less intrusive than a restrictive procedure.” BSPs identify strategies to avoid the need for restraints. These plans identify the antecedents, thereby enhancing opportunity to intercede before the use of restraint is needed. A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.</p> <p>ODP detects unauthorized or misapplied physical restraints through the various oversight and monitoring processes. Physical restraints that do not follow ODP standards are reported as abuse.</p> <p>Regulations require provider staff that administers physical restraints to have specific training regarding the appropriate use and safe implementation, as well as de-escalation techniques/alternatives. This training must be completed within the past 12 months and focus on the proper procedures and specific techniques to follow, ethics of using physical restraints and alternative positive approaches.</p> <p>ODP utilizes a person-centered planning model for all activities associated with provider training for authorized physical restraints. Training and education for administering a physical restraint is based on the unique needs of the individual as outlined in the service plan. ODP requires that staff associated with waiver services that may need to employ a physical restraint be trained to meet the unique needs of the participant which includes but is not limited to communication, mobility and behavioral needs.</p> <p>Training curricula and frequency is directly related to the person-centered plan that includes the use of physical restraints. According to regulation, frequency of staff training must occur prior to rendering services to a participant.</p>	
--	--	---	--

Examples of the types of education and trainings include multiple nationally recognized intervention programs that focus on the use of least restrictive interventions such as Safe Crisis Management Certification Training Program and Crisis Prevention Institute’s techniques of Nonviolent Crisis Management.

~~Methods for Detecting Unauthorized use of Restraints or Seclusion-~~

~~As articulated in Appendix G-1, ODP defines the unauthorized use of physical restraints as a form of abuse and requires providers to report incidents of abuse within 24 hours of occurrence or discovery. The Provider Manual and Supports Coordinator Manual also define the types of unauthorized restraints so providers can detect and report these abuses. All incidents are reportable through EIM or—if EIM functionality is unavailable—via e-mail as described in Appendix G-1-b.~~

~~After any use of a restraint, the Supports Coordinator must meet with the participant and his or her planning team for a post-restraint debriefing to determine how future situations can be prevented. The Supports Coordinator records information from the debriefing sessions in HCSIS as part of his or her service notes. These discussions can be separate and distinct with the intended purpose of determining what could have been done differently to avoid the restraint. Any changes to the individual’s plan shall be documented in the ISP.~~

~~During the monitoring visits described in Appendix D, the Supports Coordinator assesses the participant’s health and welfare. If the participant or another individual informs the Supports Coordinator of an unreported use of restraint, the Supports Coordinator shall 1) take whatever immediate steps are necessary to ensure the participant’s health and welfare, and 2) report the incident according to the policy in Appendix G1.~~

~~Training-~~

~~Staff that administer physical restraints must have specific training regarding the appropriate use and safe implementation, as well as de-escalation techniques/alternatives. This training must be completed within the past 12 months and focus on the proper procedures and specific techniques to follow, ethics of using physical restraints and alternative positive approaches. ODP validates implementation of staff training as part of provider monitoring.~~

~~ODP utilizes a person-centered planning model for all activities associated with provider training for authorized physical restraints. Training and education for administering a physical restraint is based on the unique needs of the~~

		<p>individual as outlined in the service plan. ODP requires that staff associated with waiver services that may need to employ a physical restraint be trained to meet the unique needs of the participant which includes but is not limited to communication, mobility and behavioral needs.</p> <p>Training should be ongoing for all staff and should focus on overall supports for improving an individual's quality of life while maintaining his or her health and welfare. Acknowledging that there are providers that continue to serve and support individuals in a restraint-free environment and provide extensive training for their staff, the guidelines issued by ODP are to be viewed as minimal expectations to help support the person and create a structure that prevents restraint. All providers should have procedures in place that address how people are supported in emergency situations where an individual's health and welfare may be at risk.</p> <p>Training curricula is directly related to the service plan that includes the use of physical restraints. Staff training must occur prior to rendering services to a participant and annually. Examples of the types of education and trainings include multiple nationally recognized intervention programs that focus on the use of least restrictive interventions, such as Safe Crisis Management Certification Training Program and Crisis Prevention Institute's techniques of Nonviolent Crisis Management.</p>	
G-2-a(ii)	Safeguards Concerning Restraints and Restrictive Interventions – Use of Restraints	<p>ODP is responsible for oversight of the use of restraints. ODP reviews and approves all service plans which allows ODP to identify all participants with approved use of restraint. ODP has the authority to review and require revisions or the removal of any restrictive intervention from a service plan. When restraints are used, they are reported as incidents in the EIM system by the entity that employed the restraint. These entities must conduct a monthly analysis of restraint usage to identify trends and patterns and to support strategies to reduce restraint usage at the organization. ODP verifies during oversight monitoring that these activities are being conducted. Physical restraints that are employed and do not follow ODP guidelines are reported as an incident of abuse and investigated. As a result of the investigation and the incident management process, strategies are developed to prevent reoccurrence. In addition, through the person-centered planning process, teams regularly meet to review and discuss progress, lack of progress, and any overuse or misuse of restraints. ODP analyzes data on restraint and unauthorized restraint as part of the regular analysis of incident data described in Appendix G-1. ODP also will review Supports Coordinator notes and provider records for a sample of participants and interview those participants. The review and interviews include questions to identify appropriate and inappropriate use of restraint. ODP will require corrective action if necessary. ODP will review individual occurrences of the use of restraints within 24 hours of occurrence.</p> <p>As part of the Department's annual licensing inspection process for licensed settings, licensing staff reviews incidents to identify participants who have been restrained and to verify regulations have been met. Providers that</p>	Revisions are being made to align with 55 Pa. Code Chapter 6100 and current policies regarding incident reporting.

		<p>frequently use restraints are provided technical assistance, training and other resources needed to decrease the use of restraints.</p> <p>ODP staff meet quarterly to review aggregated data, discuss trends, identify possible causes of trends and specify next steps for eliminating inappropriate use of restraints.</p>	
G-2-b(i)	Safeguards Concerning Restraints and Restrictive Interventions - Use of Restrictive Interventions	<p>ODP encourages use of positive behavioral supports and discourages restrictive interventions. ODP articulated this policy in a provider manual for all providers and a manual specifically for supports coordinators. In addition, providers licensed by DHS to serve people with intellectual disabilities must follow practices articulated in the licensing regulations related to restraints and seclusion (55 Pa. Code Chapters 2380, 6400, and 6500).</p> <p>BSPs with restrictive procedures must be developed and approved by a human rights team prior to implementation. The BSP and service plan with restrictive procedures must be reviewed, and revised, if necessary, according to the time frame established by the human rights team, not to exceed 6 months.</p> <p>The BSP with permitted restrictive interventions, including physical restraints, must be summarized in the service plan and include:</p> <ol style="list-style-type: none"> (1) The specific behavior to be addressed. (2) An assessment of the behavior including the suspected reason for the behavior. (3) The outcome desired. (4) Methods for facilitating positive behaviors such as changes in the individual’s physical and social environment, changes in the individual’s routine, improving communications, recognizing and treating physical and behavior health conditions, voluntary physical exercise, redirection, praise, modeling, conflict resolution, de-escalation and teaching skills. (5) Types of restrictive procedures that may be used and the circumstances under which the procedures may be used. (6) A target date to achieve the outcome. (7) The amount of time the restrictive procedure may be applied. (8) The name of the staff person responsible for monitoring and documenting progress with the individual plan. <p>Permitted restrictive interventions include:</p> <ul style="list-style-type: none"> • Token economies or other reward and/or level systems as part of programming. • Environmental restrictions. 	Revisions are being made to align with 55 Pa. Code Chapter 6100 and current policies regarding incident reporting.

		<ul style="list-style-type: none"> • Limiting access to objects or items, such as limiting access to food for participants diagnosed with Prader Willi. • Any requirement that a person is legally mandated to follow as part of probation or a court restriction that supersedes regulation or other ODP policy. <p>Prohibited restrictive interventions include:</p> <ol style="list-style-type: none"> 1. The use of aversive conditioning; defined as the application, contingent upon the exhibition of maladaptive behavior, of startling, painful or noxious stimuli. 2. Using access to or use of a participant’s personal funds or property as a reward or punishment. A participant’s personal funds or property may not be used as payment for damages unless the participant consents to make restitution for the damages. <p>Use of Alternative Methods Before Instituting Restrictive Interventions</p> <p>Waiver service providers are to pursue alternative strategies to the use of restrictive interventions. If the person receives Specialized Skill Development Services, the participant’s Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP) identifies specific interventions tailored to the individual that anticipate and de-escalate challenging behaviors before restrictive interventions are considered necessary.</p> <p>A restrictive intervention is a practice that limits an individual’s movement, activity or function; interferes with an individual’s ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.</p> <p>A restrictive intervention may not be used as retribution, for the convenience of the staff persons or family, as a substitute for the program or in a way that interferes with the individual’s developmental program. For each incident requiring restrictive interventions, every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive interventions. A restrictive intervention may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.</p> <p>The use of aversive conditioning, defined as the application, contingent upon the exhibition of challenging behavior, of startling, painful or noxious stimuli, is prohibited.</p>	
--	--	---	--

		<p>Waiver service providers are to pursue alternative strategies to the use of restrictive interventions. If the person receives Specialized Skill Development Services, the participant's BSP and CIP identifies specific interventions tailored to the individual that anticipate and de-escalate challenging behaviors before restrictive interventions are considered necessary.</p> <p>ODP requires documentation of restrictive intervention usage as part of the progress notes completed by provider staff. ODP utilizes a person-centered planning model for all activities associated with provider training for authorized restrictive interventions. Training and education surrounding restrictive interventions are based on the unique needs of the individual as outlined in the service plan with restrictive procedures restrictive intervention plan. The curriculum is based on the specific techniques outlined in the BSPs with restrictive procedures restrictive intervention plan. ODP requires that staff associated with waiver services that may need to employ a restrictive intervention be trained to meet the unique needs of the participant which includes but is not limited to communication, mobility and behavioral needs (these education and training requirements are outlined in Appendix C: Participant Services C-1/C-3: Service Specification).</p> <p>Training curricula and frequency is directly related to the person-centered service plan that includes the use of restrictive interventions. Staff training must occur prior to rendering services to a participant and annually.</p> <p>Providers who use restrictive interventions as part of their operating procedures must have a restrictive intervention review committee. Restrictive procedure plans must be developed and approved by a human rights team prior to implementation. The restrictive procedure plan must be reviewed, and revised, if necessary, according to the time frame established by the human rights team, not to exceed 6 months.</p> <p>The service plan with restrictive interventions, including physical restraints, must include:-</p> <ul style="list-style-type: none"> (1) The specific behavior to be addressed. (2) An assessment of the behavior including the suspected reason for the behavior. (3) The outcome desired. (4) Methods for facilitating positive behaviors such as changes in the individual's physical and social environment, changes in the individual's routine, improving communications, recognizing and treating physical and behavior health conditions, voluntary physical exercise, redirection, praise, modeling, conflict resolution, de-escalation and teaching skills. (5) Types of restrictive procedures that may be used and the circumstances under which the procedures may be used. (6) A target date to achieve the outcome. 	
--	--	--	--

		<p>(7) The amount of time the restrictive procedure may be applied.</p> <p>(8) The name of the staff person responsible for monitoring and documenting progress with the individual plan.</p> <p>Permitted restrictive interventions include:</p> <ul style="list-style-type: none"> • Token economies or other reward and/or level systems as part of programming. • Environmental restrictions. • Limiting access to objects or items, such as limiting access to food for participants diagnosed with Prader Willi. • Any requirement that a person is legally mandated to follow as part of probation or a court restriction that supersedes regulation or other ODP policy. <p>Prohibited restrictive interventions include:</p> <ul style="list-style-type: none"> • The use of aversive conditioning; defined as the application, contingent upon the exhibition of maladaptive behavior, of startling, painful or noxious stimuli. • Access to or the use of a participant's personal funds or property may not be used as reward or punishment. A participant's personal funds or property may not be used as payment for damages unless the participant consents to make restitution for the damages. <p>The restrictive intervention plan shall be implemented as written. Supports Coordinators and providers who developed the plan shall keep copies of the restrictive intervention plan in the individual's record. A record of each use of a restrictive intervention documenting the specific behavior addressed, methods of intervention used to address the behavior, the date and time the restrictive intervention was used, the specific procedures followed, the staff person who used the restrictive intervention, the duration of the restrictive intervention, the staff person who observed the individual if seclusion was used and the individual's condition during and following the removal of the restrictive intervention shall be kept in the individual's record.</p> <p>Methods for Detecting Unauthorized use of Restrictive Interventions</p> <p>During the monitoring visits described in Appendix D, the Supports Coordinator interviews the participant and others involved in the participant's services to identify any concerns regarding the participant's health and welfare. The Supports Coordinator reviews the provider's record for documentation of restrictive interventions. If restrictive interventions are documented or if the participant or another individual reports undocumented usage of restrictive interventions, the Supports Coordinator shall 1) take whatever immediate steps are necessary to ensure the participant's health and welfare, and 2) meet with the participant and his or her planning team to determine how to prevent the usage of restrictive interventions. The Supports Coordinator records information from the debriefing sessions in HCSIS as part of his or her service notes. Any changes to the individual's plan shall be documented in the ISP.</p>	
--	--	---	--

G-2-c	Safeguards Concerning Restraints and Restrictive Interventions - Use of Seclusion	<p>ODP prohibits seclusion as a type of restrictive intervention. ODP is responsible for monitoring and overseeing the use of restrictive interventions to ensure that seclusion is not a method being used. When alleged seclusion has been identified, the usage is reported as an incident of abuse and investigated. As a result of the investigation and incident management process, strategies are developed to prevent reoccurrence. detecting the unauthorized use of seclusion. ODP analyzes data on seclusion as part of the regular analysis of incident data described in Appendix G-1. ODP also will review Supports Coordinator notes and provider records for a sample of participants and interview those participants. The review and interviews include questions to identify unauthorized use of seclusion. ODP will require corrective action if necessary. ODP will review individual occurrences of the use of seclusion within 24 hours of occurrence.</p> <p>The processes for remediation in cases of seclusion are the same as those for restraint as explained in Appendix G (2)(c):</p> <p>When alleged seclusion has been identified, the usage is reported as an incident of a rights violation and investigated. As a result of the investigation and incident management process, strategies are developed to prevent reoccurrence.</p>	These changes are being made to align the AAW with the ID/A waivers.
G-3-b(i)	Medication Management and Administration	<p>Through the Office of Medical Assistance Programs (OMAP) oversight, Fee for Service (FFS) and Managed Care Organizations (MCO) complete Drug Utilization Reviews (DURs). Each participant's medications are reviewed at the time of refill or with the addition of a new medication. The DUR uses a standard pharmacy program to look for problems like therapeutic duplication, prescribed allergic medications, dosages over the recommended level, concurrent use of contraindicated medications, etc. The pharmacist contacts the prescribing practitioner if there are problems before filling the prescription.</p> <p>First-line responsibility for monitoring participant medication regimens resides with the medical professionals who prescribe and the pharmacists who dispense medications.</p> <p>Medication regimens are recorded in the participant's service plan, and Supports Coordinators review medication records, including for behavior modifying medications, to assess that the medications specified in the service plan are current. For participants taking any type of medication, the Supports Coordinators review the medication regimen during each face-to-face monitoring visit using the service plan monitoring tool which lists: the medication that the participant takes; the reason for the medication; the total daily dose; whether or not blood levels are necessary; and what the medication is supposed to do. Monitoring to detect potentially harmful practices related to medication occurs for all waiver participants that take medication. The elements of the tool designed to do this</p>	These changes are being made to align the AAW with the ID/A waivers.

		<p>include: looking at the completeness and correctness of medication administration documentation; efficacy of medication; knowledge of side effects and strategy to report; changes in medications or presence of side effects; changes in health that might be related to medication; and appropriate and timely communication about health issues between medical practitioners and the participant’s team. Supports Coordinators also document allergies. The service plan monitoring tool is used to monitor medication given at home, including a licensed residential setting, and at a day program. Monitoring of medication occurs four times a year. Participants that are prescribed behavior modifying medications are required to have their medication reviewed by the prescribing physician at least every 3 months or as otherwise specified by the prescribing physician. Supports Coordinators ensure these reviews are occurring during each face-to-face monitoring visit. Monitoring is designed to detect potentially harmful practices and ensure follow up to address such practices. If concerns or issues related to medication administration are discovered at a face-to-face monitoring visit, the Supports Coordinator communicates this information directly to the participant’s team.</p> <p>In addition, medication errors are a reportable incident. As part of annual provider monitoring, ODP reviews a sample of individual records, including medications. ODP also reviews incident reports related to medication errors, along with other incidents data as specified in Appendix G- 1. ODP has access to nurses who help with questions about medications and responses. ODP requires corrective action if necessary.</p> <p>Second-line monitoring is completed by the provider agency and verified by the Department of Human Services, Bureau of Human Services Licensing (BHSL) for participants who live in licensed residential habilitation settings. 55 Pa. Code § 6400.163 and § 6500.133 require that if a medication is prescribed to treat symptoms of a diagnosed psychiatric illness, there shall be a review with documentation by a licensed physician at least every 3 months that includes the reason for prescribing the medication, the need to continue the medication and the necessary dosage. The BHSL inspects each provider agency annually however the frequency in which each individual location receives an inspection varies depending on the size of the agency. At a minimum, each individual site is inspected at least once every three years. If BHSL finds that the provider has not complied with this regulation, the provider is directed to develop a plan of correction and provide it to BHSL. If acceptable, BHSL verifies that the provider has implemented the plan of correction.</p> <p>Department licensing also monitors medication and medication administration. Providers with licensed sites are monitored using a sampling strategy. Licensing personnel review medication administrator certification as well as medication regimens on Medication Administration Records as compared to the physician documentation to assure consistency between the two. As well they compare allergies and unusual reactions to medication to the medication list to detect any use of contraindicated medications. ODP nurses may be involved when medication</p>	
--	--	--	--

		<p>regimens are complex or licensing personnel have questions about the implementation of the medication course to provide clinical input. Regional nurses meet regularly with the ODP Medical Director and are able to review medication related concerns.</p> <p>ODP uses the DHS Medication Administration Program (MAP) to teach unlicensed staff to give medication to participants using a standard curriculum. The MAP course requires periodic reviews of staff performance to maintain certification. Record of completion of these reviews is maintained at the provider level and must be available for licensing review. The MAP course teaches staff to review medication when it is received from the pharmacy and compare it to the Medication Administration Records, thus providing a regular review of medications by provider staff. Part of the documentation and safety measures include looking at medication allergies for the possibility of a contraindicated drug.</p>	
G-3-b-(ii)	Medication Management and Administration	<p>Through the Office of Medical Assistance Programs (OMAP) oversight, Fee for Service and Managed Care Organizations complete Drug Utilization Reviews (DURs). Each participant’s medications are reviewed at the time of refill or with the addition of a new medication. The DUR reviews the medications both prospectively and retrospectively. Findings are communicated to healthcare practitioners either collectively thru Continued Medical Education or individually. In addition to the pharmacist contacting the prescribing practitioner, patterns of potentially harmful practices are communicated to the practitioner community via remittance advices and CME addressing the particular issue. Information about best practices and potentially harmful new drug information is communicated to the field via Drug Alerts. Direct consultation with a pharmacist with a specialty certification in psychiatric pharmacology occurs on an as needed basis.</p> <p>ODP oversees the Medication Administration Program, which is designed to teach proper medication administration to unlicensed staff. Lessons covered in the Program are intended to increase safety, minimize potentially harmful practices and include: Observations, Reporting Changes, Communication and Healthcare Practitioner Visit, Recording and Storage of Medication, Handwashing and Gloving, Administration, Documentation, Medication Errors, and Self-administration of Medication.</p> <p>The ODP risk manager provides ongoing monitoring of reported medications errors. ODP regional risk managers collaborate with ODP regional nurses, the medical director, and Health Care Quality Unit (HCQU) staff to assure reporting occurs while working to prevent known causes of medication errors. ODP regional nurses may also monitor the provider activities around medication administration, usually in response to either a problem related to licensing surveys or a request from the provider because of issues at the agency. The nurses also may provide technical assistance with respect to medication errors and the implementation of the medication program. They</p>	These changes are being made to align the AAW with the ID/A waivers.

		<p>then follow-up on these recommendations and any plans of correction required by licensing related to medication administration to assure that the potentially harmful practices are remedied. In addition, the HCQUs have developed guidance for providers regarding medication administration policies and procedures to supplement what is in the MAP course. HCQUs also provide technical assistance regarding medication administration and implementing changes to prevent errors.</p> <p>Despite ODP’s extensive medication administration course, medication errors sometimes occur. ODP requires providers to report medication errors via EIM within 72 hours of occurrence or discovery. The EIM medication error report utilizes a root cause analysis approach, requiring the reporter to answer a series of questions aimed at identifying what happened as well as the contributing factors that can then be addressed and minimized. The questions include: “Why did the error occur?”, “What was the response to the error?” and “What was or will be the agency system response to prevent this type of error from occurring in the future?” This approach also informs the curriculum offered in the medication management course and allows for process improvement.</p> <p>If a medication error is the result of a critical incident, such as neglect or results in a critical incident, ODP ensures that a separate critical incident is reported. The incident is then subject to investigation and ODP review. Medication error reporting data is reviewed and analyzed during quarterly risk management meetings.</p>	
G-3-c(ii)	Medication Management and Administration	<p>State regulations for licensed Community Home and Day Habilitation providers allow for the administration of medication by unlicensed staff when trained using a standard Medication Administration course. Licensed Family Living Homes may administer medications if trained by the participants health care provider. Other providers may administer medications to the extent state law permits.</p> <p>The current medication administration course for Community Home and Day Habilitation providers requires the review of medication administration logs for errors in documentation including matching the persons prescribed medications on the log to those available to be given. Observations of medication administration passes are required on an annual basis. Clinical nursing staff are not required to take the administration course as this is part of their clinical scope of practice under the State Nursing Board. Self-administration guidelines appear in the regulations and setting up and monitoring self-administration programs are taught as part of the medication administration program.</p>	Revisions are being made to align with 55 Pa. Code Chapter 6100.
G-3-c(iii)	Medication Management and Administration	(b) Specify the types of medication errors that providers are required to <i>record</i> :	These changes are being made to align the AAW with the ID/A waivers.

		<p>Providers report medication errors in EIM, including wrong person, wrong medication (wrong medication, extra dose, and discontinued medication), wrong dose, wrong route, wrong time, wrong form, wrong technique/method, and wrong position. If EIM is unavailable, errors are reported to ODP via e-mail as described in Appendix G-1 b.</p> <p>All medication errors that providers are required to record are also required to be reported.</p>	
G-3-c(iv)	Medication Management and Administration	<p>As part of annual provider monitoring, ODP reviews a sample of individual records, including medications. ODP also reviews incident reports related to medication errors, along with other incident data as specified in Appendix G-1. ODP has access to nurses who help with questions about medications and responses. Supports Coordinators monitor medication administration and practices in the manner described in G-3-b. ODP monitors the performance of Supports Coordinators and reviews medication errors through the risk management processes including evaluating the information about how the errors occurred in order to intervene with a provider that shows poor medication administration practices.</p> <p>Through the Office of Medical Assistance Programs (OMAP) oversight, Fee for Service (FFS) and Managed Care Organizations (MCO) complete Drug Utilization Reviews (DURs). Each participants medications are reviewed at the time of refill or with the addition of a new medication. The DUR uses a standard pharmacy program to look for problems like therapeutic duplication, prescribed allergic medications, dosages over the recommended level, concurrent use of contraindicated medications, etc. The pharmacist contacts the prescribing practitioner if there are problems before filling the prescription.</p> <p>The DUR reviews the medication both prospectively and retrospectively. Findings are communicated to healthcare practitioners either collectively thru Continued Medical Education or individually. In addition to the pharmacist contacting the prescribing practitioner, patterns of potentially harmful practices are communicated to the practitioner community via remittance advices and CME addressing the particular issue. Information about best practices and potentially harmful new drug information is communicated to the field via Drug Alerts. Direct consultation with a pharmacist with a specialty certification in psychiatric pharmacology occurs on an as needed basis.</p> <p>In addition, the licensure agency monitors medication regimens. For licensed Community Homes, Family Living Homes, and Day Habilitation facilities, ODP's licensing staff review medication information when conducting standard annual licensing reviews. This includes looking at medication practices, logs, storage, etc. Licensing reviews bring problematic patterns about medication administration practices to a central level and then they are addressed either directly with a provider or incorporated into the medication administration training course.</p>	These changes are being made to align the AAW with the ID/A waivers.

H-1-a	Quality Improvement Strategy; Systems Improvement	<p>ODP's Quality Assessment & Improvement (QA&I process) is designed to conduct a statewide quality management review of all Supports Coordination Organizations (SCOs) and providers delivering waiver services. Over a three-year period, 100% of SCOs and providers receive a full QA&I review.</p> <p>ODP selects for review a proportionate, representative, random sample of waiver participants, using a confidence level of 90% and margin of error of 10%. The results obtained reflect how the AAW system is performing and if it is responsive to the needs of the participants served. ODP trends, prioritizes and implements system improvements (i.e., design changes) prompted as a result of an analysis of the discovery and remediation information obtained across each of the waiver assurance areas via the QA&I process and other data sources. This integrated approach to quality monitoring is comprehensive, standardized, and measurable and is intended to:</p> <ul style="list-style-type: none"> • Follow an individual's experience throughout the system, • Measure progress toward implementing ODP's Everyday Lives: Values in Action, • Gather timely and useable data to manage system performance, and • Use data to manage the service delivery system with a continuous quality improvement approach. <p>Following the full QA&I review, remediation is required for all instances of noncompliance and must occur within 30 days of discovery. Where performance is less than 86%, a plan to prevent recurrence may be required which may lead to a quality improvement plan (QIP) for identified systemic issues. The entity reviewed receives the results of their completed QA&I review.</p> <p>The QA&I process is used to:</p> <ul style="list-style-type: none"> • Collect data for the AAW's performance measures, • Validate that SCOs and providers comply with federal and state regulations, federal and state requirements, and their current Provider Agreements. <p>ODP compiles all data collected from the QA&I process into an Annual Statewide Report. This report is shared with system stakeholders and represents statewide performance of SCOs, providers, and the overall system, as it relates to the quality of services.</p> <p style="text-align: center;">***</p> <p>Information used for trending and prioritizing opportunities for system improvements is also obtained through Independent Monitoring for Quality (IM4Q), a statewide method the State has adopted to independently review quality of life issues for people who receive services from ODP that includes a sample of waiver participants. IM4Q</p>	This section has been updated to align the AAW with the current QA&I practice.
-------	---	---	--

		<p>monitors satisfaction and outcomes for participants receiving services through indicators organized into areas of satisfaction, dignity and respect, choice and control, inclusion, and physical setting. IM4Q also monitors satisfaction with supports coordination services. Pennsylvania also collects and submits data to National Core Indicators through the IM4Q process and compares its performance to the aggregate performance of all States participating in National Core Indicators when identifying strengths and opportunities for systemic improvement.</p> <p>Aggregate IM4Q data is used for continuous quality improvement purposes by ODP. Recommendations for action are also identified by the IM4Q Steering Committee and submitted for consideration to ODP’s Information Sharing and Advisory Committee (ISAC). The ISAC serves as ODP’s stakeholder quality council. ODP prioritizes opportunities for system improvements in conjunction with the ISAC, then disseminates these priorities to the field. Stakeholders representing their constituencies on the ISAC are expected to collaborate with ODP in the implementation, monitoring and evaluation of changes designed to achieve system improvements using a data-based approach.</p>	
H-1-b	System Design Changes	<p>When system design changes are made, ODP specifies discovery activities and measures specific to the particular design change to evaluate the effect of the changes. ODP monitors these system design changes during quarterly Quality Management and risk management meetings and on an annual basis.</p> <p>ODP produces an Annual Quality Assurance Report with a summary of findings and corrective action from its review of performance across each of the waiver assurance areas from a sample of waiver participants. The primary audience for this report is the public, including people with ASD, advocacy groups, and providers. The report is posted on the DHS Web site.</p> <p>ODP uses a Plan-Do-Check-Act (PDCA) Model of continuous quality improvement. The steps in this model involve planning and implementing system design changes followed by monitoring of data results to check the effectiveness of the selected strategies. Using the analysis of performance data collected to identify next steps, the cycle is repeated. Depending on the area of focus, specific units within ODP are assigned responsibility for designing, initiating, monitoring and analyzing the effectiveness of system design changes and providing periodic, routine reports on progress to the Bureau of Supports for Autism and Special Populations (BSASP) Quality Team. Stakeholders are engaged in this process where appropriate.</p>	This section has been updated to include current practices.
H-2	Use of a Patient Experience of Care/Quality of Life Survey	<p>Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months (<i>Select one</i>):</p> <p><input checked="" type="checkbox"/> No</p>	This section has been changed to include the survey tools used by ODP.

	<p><input checked="" type="checkbox"/> Yes (Complete item H.2b)</p> <p>Specify the type of survey tool the state uses: HCBS CAHPS Survey: NCI Survey: NCI AD Survey: <input checked="" type="checkbox"/> Other (Please provide a description of the survey tool used): IM4Q, described in section H-1 above, is an independent survey of quality-of-life issues, conducted in tandem with the NCI survey, that monitors satisfaction and outcomes of participants receiving services through indicators organized into areas of satisfaction, dignity and respect, choice and control, inclusion, and physical setting.</p>	
--	--	--