

**Record of Change for July 1, 2022 Renewals
Consolidated, Community Living and Person/Family Directed Support Waivers**

Key:
 “All Intellectual Disability/Autism Waivers (ID/A) Waivers” – Consolidated, Community Living, and P/FDS Waivers
 Bold font – Language proposed to be added
 Strikethrough – Language proposed to be removed

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
All ID/A Waivers	C-1/C-3	Assistive Technology	<p>Remote supports are included for participants age 16 and older during periods of time that direct services are not required. Remote supports involve the use of technology that uses two-way real time communication in the participant's home or community that allows someone 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. The purpose of remote supports is to assist participants in obtaining and or maintaining their independence and safety within their home and community and decreasing their need for assistance from others. Examples of technology include: medication dispensers, door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS Tracking Watches, panic pendants. Remote supports also includes the equipment necessary to operate the technology & the costs for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the technology equipment.</p> <p>Remote supports are fully integrated into the participant’s overall system of support. Prior to the purchase and installation of the equipment, the ISP team & the potential remote supports provider is responsible for the completion of:</p> <ul style="list-style-type: none"> • An evaluation plan that, at a minimum, includes the needs 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 if there is a problem with the remote supports. • A cost benefit analysis for all options. If the participant is receiving waiver services prior to receiving remote supports, the cost benefit analysis must show how remote supports will substitute for at least an equivalent amount of waiver services within 60 calendar days after installation, training & full use by the participant has begun. If the participant is not receiving waiver services prior to receiving remote supports, the cost benefit analysis must show how remote supports is more cost effective than waiver services. 	Based on feedback from the Centers for Medicare and Medicaid Services, Remote Supports will be removed as a component of Assistive Technology and will be a separate discrete service under the waivers.

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			<ul style="list-style-type: none"> • An outcome monitoring plan that outlines the outcomes the participant is to achieve by using remote supports, how the outcomes will be measured, and the frequency that the monitoring will be completed which must be at least quarterly and more frequently if needed. • Informing the participant, and anyone identified by the participant of the impact the remote supports will have on the participant's privacy. This includes information about whether the participant can turn off the remote supports device or equipment if they choose to do so and what will happen if they turn off the remote supports device or equipment. This information must be provided in a form of communication that is understood by the participant. The 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. <p>Once remote supports has 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 training on how to turn off the remote supports device or equipment if they choose to do so. • Delivery of the equipment to the participant's residence and when necessary, to the room or area of the home in which the equipment will be used. • Installation of the equipment, including assembling the equipment or parts used for the assembly of the equipment. • Adjustments and modifications of the equipment. • Transferring the equipment to a new home when the participant moves. This only applies when the new home is in an area served by the provider. • Conducting monthly testing of the equipment to ensure the equipment is in good working condition and is being used by the participant. For remote supports devices that are in daily use there will be a means to continuously monitor the functioning of the devices and a policy or plan in place to address malfunctions. • Maintenance and necessary repairs to the equipment. Replacement of equipment is covered when the device no longer meets the participant's needs, is obsolete, functionally inadequate, unreliable, or no longer supported by the manufacturer. 	

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			<ul style="list-style-type: none"> • Ensure the remote supports equipment meets the following: • 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. <ul style="list-style-type: none"> o Is designed so that it can be turned off only by the person(s) indicated in the service plan. o Has 99% system uptime that includes adequate redundancy. o Has adequate redundancy that ensures critical system functions are restored within three hours of a failure. If a service is not available, the provider must be alerted within ten minutes. o If the assessment identifies the need for a staffed call center, a backup plan must be in place that meets the needs of the participant. In the most demanding situation that may mean that there is another call center that is part of a network. In less demanding situations, it may be an alternate location that can become operational within a time frame that meets the needs of the participant. In any event, an adequate "system down" plan must be in place. o If a main hub is part of the installed system it should be A/C powered, and include a backup battery capable of maintaining a charge to ensure the continued connectivity of the remote supports equipment if power loss occurs. There will be a mechanism to alert staff when a power outage occurs that provides a low battery alert, and an alert if the system goes down so that back up support, if required, are put in place until service is restored. A main hub, if required, must be able to connect to the internet via one or more different methods; hard wired, wireless, or cellular. The main hub must also have the ability to send via one or more different modes; text, email or audio notifications, as well as the ability, if in the assessment, to connect to an automated or consumer support call center that is staffed 24 hours a day, 7 days a week. o Has a latency of no more than 10 minutes from when an event occurs to when the notification is sent (via text, email or audio). o Has the capability to include environmental controls that are able to be added to, and controlled by, the installed remote supports system if identified in the assessment. o Have a battery life expectancy lasting six months or longer, and notification must be given if a low battery condition is detected. <p style="text-align: center;">***</p> <p>Assistive Technology has the following limits:</p> <p style="text-align: center;">***</p>	

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			<p>An annual limit of \$5,000 for remote supports. Intensive remote supports above the annual limit of \$5,000 is allowed using the standard ODP variance process. Remote supports costs are not included in the overall Assistive Technology lifetime limit of \$10,000.</p>	
All ID/A Waivers	C-1/C-3	Benefits Counseling	<p>Benefits Counseling may only be provided after Benefits Counseling services provided by a Certified Work Incentives Counselor through a Pennsylvania-based federal Work Incentives Planning and Assistance (WIPA) program were sought and it was determined and documented by the Supports Coordinator that such services were not available either because of ineligibility or because of wait lists that would result in services are not being available within 30 calendar days (this is only required once per year; i.e., it must be repeated if Benefits Counseling is needed in a subsequent year).</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Benefits Counseling services are limited to a maximum of 40 60 (15-minute) units which is equal to 10 15 hours per participant per fiscal year for any combination of initial benefits counseling, supplementary benefits counseling when a participant is evaluating a job offer/promotion or a self-employment opportunity, or problem-solving assistance to maintain competitive integrated employment.</p>	ODP is clarifying language regarding seeking Benefits Counseling through the WIPA. In addition, ODP is increasing the annual limit on Benefits Counseling from 10 hours per year to 15 hours per year based on stakeholder feedback.
Consolidated and Community Living Waivers	C-1/C-3	Companion	<p>Participants authorized to receive Residential Habilitation, Life Sharing or Supported Living may not only be authorized to receive Companion services when services are used to support a participant at their place of community integrated employment.</p>	ODP is making this change to allow for discrete Companion service to be authorized when a participant is working and does not need Job Coaching or needs assistance beyond the scope of the Job Coaching service.
All ID/A Waivers	C-1/C-3	Communication Specialist	<p>This is a direct and indirect service that supports participants with nontraditional communication needs. by determining the participant's communication needs, educating the participant and his or her caregivers on the participant's communication needs and the best way to meet those needs in their daily lives.</p>	ADD REASON FOR CHANGE

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			<p>Direct services may be provided using remote technology in accordance with ODP policy. This service is not intended to replace or duplicate the services provided by a Speech and Language Pathologist (SLP).</p> <p><u>Nontraditional communication may consist of:</u></p> <ul style="list-style-type: none"> • Sign Language, including American Sign Language, Sign Language from other countries, such as Spanish Sign Language; Signed Exact English, or a mixture of American Sign Language and signed English, Tactile, or Protactile Sign Language • Lip Reading • Visual-Gestural Communication • Paralinguistics, Haptics, Touch Cues • Artifacts, Texture Cues, and/or Objects of Reference • Braille • Print and Symbol Systems • Eye-Gaze • Other communication methods as identified by the Department <p>This service builds an ongoing framework and system to support the participant’s communication needs. The team then integrates that framework into all aspects of the participant’s life.</p> <p>This service includes a comprehensive review of all available information, the development of strategies to support the participant based upon the review, and the provision of interventions and training to the participant, staff, parents, and caregivers. Services must be required to meet the current needs of the participant, as documented and authorized in the service plan.</p> <p>During the communication plan development, the Communication Specialist must conduct a The service begins with a thorough review of comprehensive review of the participant’s communication needs and skills (both expressive and receptive) across settings. The comprehensive review includes including but not limited to the participant’s:</p> <ul style="list-style-type: none"> • Current methods of communication; (how the participant communicates at the time of the assessment); • Preferred methods of communication; (How the participant prefers to communicate); • Supplementary communication methods; • Communication methods that have proven to be ineffective in daily communication; and 	

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			<ul style="list-style-type: none"> • Team's knowledge and application of Educating caregivers in the participant's current and preferred communication needs methods; • Any existing documents related to communication including but not limited to, SLP assessments, behavior assessments, and/or other relevant assessments; and • Environmental elements conducive to effective communication. <p>The Communication Specialist may complete additional evaluations, if deemed necessary that do not fall under the scope of the SLP and are included in the ODP required training.</p> <p>Once the review is complete, an action plan is developed. The action plan should be person specific and created with the service plan team. The Communication Specialist must collaborate with the participant, persons designated by the participant, and the participant's team for the purpose of implementing a communication plan. The plan should be person-specific and include:</p> <ul style="list-style-type: none"> • The participant's best communication methods, both expressive and receptive; • Current barriers to effective communication, including environmental elements and team knowledge and implementation in both familiar and unfamiliar settings; and • Measurable steps to address and eliminate the barriers to expressive and receptive communication from all aspects of the participant's everyday life; and • Recommendations for other services, if applicable. <p>Upon plan completion, the Communication Specialist should meet with the participant, the Supports Coordinator, and others as appropriate, including family members, providers, and employers to ensure all parties understand the plan. An in-depth review of the communication plan should be completed at the annual service plan meeting and the communication plan should be monitored for effectiveness on an ongoing basis.</p> <p>At least annually, the action plan should be evaluated for effectiveness and modified if needed. The service may include one or more of the following activities:</p> <ul style="list-style-type: none"> • Assisting the participant to be a more effective and independent communicator; • Implementing activities and strategies identified in the participant's communication plan; • Monitoring implementation of the communication plan; • Training, modeling, and/or coaching the support team to carry out the communication plan across all settings; 	

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			<ul style="list-style-type: none"> • Helping to establish, modify, or maintain environments that emphasize best support effective communication; the use of visual cues and other appropriate communication methods as recommended by a Speech-Language pathologist or other qualified professional. • Providing assistance to remove communication barriers; • Educating SCOs, AEs, providers, and other appropriate entities about a participant’s specific needs related to communication access, legal responsibilities and cultural and linguistic considerations needs; • Consulting with the support team, as needed; • Routine reporting of activities, data, and/or progress; • Identifying relevant resources for supporting effective communication; • Maintaining communication support tool(s) for the participant such as software updates and adding or removing names, pictures, and/or information that is specific to the participant, in collaboration with a licensed SLP, when applicable; and • Participating in and assisting in the development and continued implementation of the participants’ service plan, as appropriate. <p>For the purposes of this service, “nontraditional communication” includes the use one or more of the following communication methods:</p> <ul style="list-style-type: none"> • Sign Language, including American Sign Language; Sign Language from other countries, such as Spanish Sign Language; Signed Exact English; or a mixture of American Sign Language and signed English. • Lip Reading. • Visual Gestural Communication. • Paralinguistics. • Haptics / Touch cues. • Artifacts, Texture Cues, and/or Objects of Reference. • Braille. • Print and Symbol Systems. • Speech, Voice and Language Interpretation. • Eye Gaze and Partner Assisted Scanning. • Other communication methods identified by the Department. 	

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			<p>There may be situations where the service plan includes both Communication Specialist services and other services that address communication, such as Speech and Language Therapy, Behavior Support, and Assistive Technology. All parties responsible for implementing communication goals must collaborate to ensure goals and plans are consistent.</p> <p>For participants who utilize sign language are deaf or hard of hearing, the provider must have the ability to sign at Intermediate Plus level or above as determined by the Sign Language Proficiency Interview (SLPI). For participants who utilize braille, the provider must have proof of appropriate training.</p> <p>This service does not include the following activities that fall under the scope of SLPs unless they are provided under the direction of or in consultation with a licensed SLP: any of the following activities:</p> <ul style="list-style-type: none"> • Preventing, screening, identifying, assessing, or treating known or suspected disorders relating to speech, feeding and swallowing, or communication disorders. • Screening participants for speech, language, voice, or swallowing disorders. • Teaching participants, families and other caregivers speech reading and speech and language interventions. • Teaching participants, families and other caregivers and other communication partners how to use prosthetic and adaptive devices for speaking and swallowing. • Using instrumental technology to provide nonmedical diagnosis, nonmedical treatment and nonmedical services for disorders of communication, voice and swallowing. <p>Teaching American Sign Language (ASL) is not covered under this service unless the “sign” that is being taught is participant-specific (sign productions unique to the participant). Traditional ASL lessons are not included in the service.</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i> Communication Specialist services are limited to a maximum of 160 240 (15-minute) units which is equal to 40 60 hours per participant per fiscal year.</p>	
C-1/C-3	Communication Specialist	Communication Specialist Qualifications	<p><i>Agency Qualifications</i> Staff working for or contracted with the agency must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 	

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			<p>2. Have experience in one or more of the following: Speech Language Pathology, sign linguistics, education of deaf, or another relevant professional background.</p> <p>3. Have personal or professional experience with people with an intellectual disability or autism.</p> <p>4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.</p> <p>5. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.</p> <p>6. Complete necessary pre/in-service training based on the service plan.</p> <p>7. Effective July 1, 2023, have successfully completed a Communication Specialist Training provided by ODP.</p> <p><i>Individual Communication Specialist Qualifications</i></p> <p>The Communication Specialist must meet the following standards:</p> <p>1. Have a waiver service location in Pennsylvania, Washington D.C., Virginia, or a state contiguous to Pennsylvania.</p> <p>2. Have a signed ODP Provider Agreement on file with ODP.</p> <p>3. Complete standard ODP required orientation and training.</p> <p>4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.</p> <p>5. Be at least 18 years of age.</p> <p>6. Complete necessary pre/in-service training based on the service plan.</p> <p>7. Be trained to meet the needs of the participant to carry out the service plan which includes, but is not limited to, communication, mobility and behavioral needs.</p> <p>8. Have experience in one or more of the following: Speech Language Pathology, sign linguistics, education of deaf, or another relevant professional background.</p> <p>9. Have personal or professional experience with people with an intellectual disability or autism.</p> <p>10. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.</p> <p>11. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.</p> <p>12. Comply with Department standards related to provider qualifications.</p> <p>13. Effective July 1, 2023, have successfully completed a Communication Specialist Training provided by ODP.</p>	
Consolidated and Community Living Waivers	C-1/C-3	Residential Habilitation, Life Sharing, and Supported Living	<p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Effective starting 1/1/18, The following may not be authorized for participants who receive Residential Habilitation/Life Sharing/Supported Living services: Life Sharing/Supported Living/Residential Habilitation; Respite (15-minute or Day); Companion; Homemaker/Chore; In-Home and Community Supports; Music, Art and Equine Assisted Therapy; Consultative Nutritional</p>	Each participant can only receive one residential service.

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			<p>Services; Specialized Supplies and Home or Vehicle Accessibility Adaptations. Transportation is included in the Residential Habilitation rate and may not be billed as a discrete service, unless the transportation is to or from a job that meets the definition of competitive integrated employment and that need is documented in the service plan. The Residential Habilitation rate will also include Behavioral Support. Behavioral Support may only be authorized as a discrete service when it is used to support a participant to access Community Participation Support or to maintain employment when provided at the participant's place of employment. Communication Specialist and Shift Nursing can only be authorized in limited circumstances; reference those service definitions for the exceptions. Companion services may only be authorized as a discrete service when it is used to support a participant at their place of community integrated employment.</p>	<p>Based on input from listening sessions, ODP is allowing participants who receive residential services to receive Music, Art and Equine Assisted Therapy as a discrete service.</p> <p>ODP is allowing discrete Companion services to be authorized when a participant is working and does not need Job Coaching or needs assistance beyond the scope of the Job Coaching service.</p>
Consolidated and Community Living	C-1/C-3	Life Sharing	<p>Life Sharing services are direct and indirect, provider agency managed services that occur in one of the following locations:</p> <ul style="list-style-type: none"> * Private home of a host family. The host family can be the participant's relative(s), legal guardian, or persons who are not related to the participant. * Private home of the participant where a host family who is not related to the participant moves into the participant's home and shares the participant's home as their primary residence. <p>*Homes owned by the provider when all the following occur:</p> <ul style="list-style-type: none"> - The provider leases the home directly to the adult participant (age 18 or older) or to the host family when the participant is a child (under age 18); - The host family moves into the participant's home and shares the participant's home as their primary residence; and - The participant has a Needs Group 3 or 4 at the time the participant moves in and the home meets the participant's needs as identified in their service plan. The participant may choose to stay in the home if their Needs Group changes after the participant moves in, as long as the home can continue to meet the participant's needs. 	<p>Based on input from listening sessions, Life Sharing will be expanded to allow for services in homes owned by the provider that are subsequently leased to participants who have a Needs Group 3 or 4 where the home meets the participant's needs.</p>

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Consolidated and Community Living	C-1/C-3	Residential Habilitation/Life Sharing/Supported Living	<p>Participants authorized to receive Residential Habilitation/Life Sharing/Supported services:</p> <ul style="list-style-type: none"> • Are not precluded from receiving May receive Assistive Technology to purchase or lease devices or equipment that will be used by the participant for the delivery of remote supports as part of the Residential Habilitation/Life Sharing/Supported Living service. • May not receive the discrete Remote Supports service component. Remote Supports is intended to reduce the participant’s need for direct support that would typically be provided as part of the Residential Habilitation/Life Sharing/Supported Living service. As such, remote supports is built into the Residential Habilitation/Life Sharing/Supported rate and cannot be authorized as a discrete service. 	Because Remote Supports is being added as a discrete service and will no longer be under the umbrella of Assistive Technology, clarification is needed regarding what is covered for participants receiving Residential Habilitation, Life Sharing or Supported Living services.
Consolidated and Community Living Waivers	C-1/C-3	Life Sharing, Residential Habilitation, and Supported Living	<p><i>Provider Qualifications</i></p> <p>BEHAVIORAL SPECIALIST -----</p> <p>When serving participants with behavior support needs, The Life Sharing/Residential Habilitation/Supported Living provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Life Sharing/Residential Habilitation/Supported Living service, complete assessments, develop and update Behavior Support Plans and Crisis Intervention Plans and trains other agency staff. A Functional Behavioral Assessment and comprehensive behavioral support plan must be completed within 60 days of identification by the service plan team of a participant’s need for assistance from a behavioral specialist. The behavioral specialist ensures behavior support provided to the participant includes positive practices and least restrictive interventions. Behavior support plans may not include chemical or mechanical restraints. The behavior support plan may not include physical restraints as behavioral interventions. Physical restraints may only be utilized in accordance with 55 Pa. Code §§6100.348 and 6100.349 in the case of an emergency or crisis to prevent an individual from immediate physical harm to the individual or others. Behavior support plans that include restrictive procedures must be approved by a human rights team prior to implementation. ODP expects that, regardless of the number of providers supporting a person, continuity of care will be maintained through ongoing team communication and collaboration. Ideally, there should be one behavior support plan for the participant that is integrated and comprehensive and incorporates support strategies for all</p>	<p>To ensure that participants who receive Life Sharing, Residential Habilitation or Supported Living services have timely access to a behavioral specialist, two requirements are being proposed:</p> <ol style="list-style-type: none"> 1. Life Sharing, Residential Habilitation, and Supported Living providers must always have a behavioral specialist available. 2. The behavioral specialist must develop a behavioral support plan within 60 days of identification of a participant’s need for assistance from a behavioral specialist

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			environments. If there is more than one Behavioral Specialist working with the participant, the behavior support plan can reflect joint authorship.	
Consolidated and Community Living Waivers	C-1/C-3	Life Sharing, Residential Habilitation, and Supported Living	<p><i>Provider Qualifications:</i></p> <p>Staff working for or contracting with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Complete necessary pre/in-service training based on the service plan. 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. 	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.
Consolidated and Community Living Waivers	C-1/C-3	Residential Habilitation	<p><i>Provider Qualifications</i></p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 15. Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day. 16. Ensure that Supports Coordination Organizations, Administrative Entities, 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 residential habilitation service. 	To protect the health and safety of participants who receive Residential Habilitation services, a requirement that residential habilitation senior management personnel are available at all times for response to emergency situations has been added.
All ID/A Waivers	C-1/C-3	Music, Art and Equine Assisted Therapy	<p>Participants authorized to receive Residential Habilitation, Life Sharing or Supported Living may not be authorized to receive Music Therapy, Art Therapy, or Equine Assisted Therapy.</p> <p style="text-align: center;">***</p> <p><i>Service Delivery Method (check each that applies):</i></p> <p>X Participant-directed as specified in Appendix E</p> <p>X Provider managed</p> <p><i>Verification of Provider Qualifications Entity Responsible for Verification:</i></p>	Based on input from listening sessions, ODP is allowing participants who receive residential services to receive Music, Art and Equine Assisted Therapy as a discrete service.

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			AWC FMS, VF/EA FMS, OHCD, ODP or its Designee	To make Music, Art and Equine Assisted Therapy easier to access, services will be provided as vendor services through participant directed services, by an Organized Health Care Delivery System (OHCD) or through the direct enrollment of the provider. No fee schedule rates will be set. The same rate will be paid as the general public pays for the services.
All ID/A Waivers	C-1/C-3	Remote Supports	<p>The purpose of Remote Supports services is to assist participants age 16 and older 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 Life Sharing, Residential Habilitation, or Supported Living 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 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. 	ODP is making Remote Supports its own service and removing it as a component of Assistive Technology services.

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			<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 plan must be completed by the Remote Supports provider and reviewed by the service plan team in accordance with ODP policy. The technology evaluation 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>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 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. 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • 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 person(s) indicated in the service plan. ○ Has 99% system uptime that includes adequate redundancy. ○ 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 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>technology evaluation plan, to connect to an automated or consumer support call center that is staffed 24 hours a day, 7 days a week.</p> <ul style="list-style-type: none"> ○ 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 plan. ○ Has a battery life expectancy lasting six months or longer, and notification must be given by the equipment 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. <ul style="list-style-type: none"> ● 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, 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 Behavioral Support Services, the Remote Supports services must be consistent with the participant's behavior support plan.</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, Life Sharing or Supported Living services as monitoring by and interaction with professionals are covered in the rates for those services. The direct provision of Community Participation Support services as well as the on-call and remote support component shall not be rendered on the same days and times that Remote Supports is rendered.</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Remote Supports can only be rendered simultaneously with the following direct services for 90 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"> • In-Home and Community Support • Companion • Respite 	
All ID/A Waivers	C-1/C-3	Remote Supports Service Delivery Method and Provider Qualifications	<p><i>Service Delivery Method:</i> <i>Participant Directed as specified in Appendix E</i> X <i>Provider Managed</i></p> <p><i>Provider Category:</i> Agency</p> <p><i>Provider Type:</i> Remote Supports Agency</p> <p><i>Provider Qualifications:</i> <i>License:</i></p> <p><i>Certificate:</i></p> <p><i>Other Standard:</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.) 3. 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. 	ODP is making Remote Supports its own service and removing it as a component of Assistive Technology services.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>4. Complete standard ODP required orientation and training.</p> <p>5. Have Commercial General Liability Insurance.</p> <p>6. 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.</p> <p>7. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.</p> <p>8. 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.</p> <p>9. Develop and implement a quality management plan in accordance with 55 Pa. Code Chapter 6100.</p> <p>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.</p> <p>11. Have a policy outlining the process for providing emergency replacement devices or parts within one business day if the devices installed at the participant’s residence fail and cannot be repaired if identified in the 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.</p> <p>12. Provide access to a secure and encrypted website that displays critical system information about each Remote Supports device installed in a participant’s residence.</p> <p>13. Have an effective system for notifying personnel such as police, fire, emergency medical services and psychiatric crisis response entities.</p> <p>14. Comply with Department standards related to provider qualifications.</p> <p>Individuals that provide this service must:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Complete necessary pre/in-service training based on the service plan. 3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63. 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 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>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>	
All ID/A Waivers	C-1/C-3	Specialized Supplies	<p>Specialized Supplies consist of personal protective equipment and incontinence supplies that are medically necessary and are not a covered service through the MA State Plan, Medicare or private insurance. Incontinence supplies are limited to diapers, incontinence pads, cleansing wipes, underpads, and vinyl or latex gloves.</p> <p>Personal Protective Equipment for mitigation of the spread of infectious diseases includes the following for the participant, unpaid caregivers and Support Service Professionals in the Vendor/Fiscal Employer Agent participant directed services model:</p> <ul style="list-style-type: none"> • Gloves; • Surgical masks, cloth masks, clear masks, and face shields; • Gowns; • Goggles; • Alcohol based hand sanitizer; and • Thermometers. No more than one thermometer shall be requested per participant. If an ear or oral thermometer that requires probe covers is requested, the probe covers are covered through Specialized Supplies. 	Will allow personal protective equipment to continue to be covered through Specialized Supplies services after Appendix K expires 6 months after the end of the federal public health emergency.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>If the participant is receiving home health services through the MA State Plan, all Personal Protective Equipment for the participant is covered through that service so Personal Protective Equipment cannot be covered for the participant through Specialized Supplies. Personal Protective Equipment can be covered for unpaid caregivers who will use the Personal Protective Equipment to maintain the health and welfare of the participant.</p>	
All ID/A Waivers	C-1/C-3	Supported Employment	<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>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>
All ID/A Waivers	C-1/C-3	Supported Employment and Small Group Employment	<p><i>Provider Qualifications</i></p> <p>Staff working directly with the participant must have one of the following within nine months of hire:</p> <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or • Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. <p>Newly hired individuals who do not have the required certification when hired must work under the supervision or mentorship of someone who is certified. This can occur no longer than nine months from the date of hire to allow the new individual time to obtain the certification.</p>	<p>ODP is expanding the provider qualifications for Supported Employment and Small Group Employment services to allow for mentoring in addition to “supervision” of a staff person, individual, or Support Service Professional who is working towards the completion of the training or certification.</p>
All ID/A Waivers	C-1/C-3	Supports Broker	<p>The Supports Broker service is a direct and indirect service available to participants who elect to self-direct their own services utilizing one of the participant directed options outlined in Appendix E-1 of this Waiver. The purpose of the Supports Broker service is to assist and support Common Law Employers (CLE) and Managing Employers (ME) to perform employer-related functions independently and to assist participants to be as successful as possible in self-directing their services. The Supports Broker’s ultimate goal is to minimize or eliminate the need for the</p>	<p>ODP updated the Supports Broker service to provide more clarification to the field on how this service is intended to be implemented as well as to clarify the</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Supports Broker service. The Supports Broker service is designed to assist participants or their designated surrogate with employer-related functions in order to be successful in self-directing some or all of the participants needed services.</p> <p>Under no circumstances may Supports Brokers perform the Agency With Choice (AWC) or CLE functions specified in Appendix E-1-a of this Waiver or the CLE/ME duties specified in ODP bulletins relating to either participant-directed service delivery model.</p> <p>This service is limited to the following list of activities:</p> <ul style="list-style-type: none"> • Educating and supporting the Managing Employer or Common Law Employer to complete employer-or managing employer responsibilities as outlined in the Common Law Employer Agreement or the Managing Employer Agreement form. This will assist the CLEs/MEs with performing such tasks independently and without ongoing assistance from the Supports Broker to the fullest possible extent. Explaining and providing support in completing employer-or managing employer related paperwork. • Assisting the participant or their designated surrogate in understanding and/or fulfilling the responsibilities outlined in the Common Law Employer Agreement form and the Managing Employer Agreement form. • Assisting CLEs/MEs to understand and participate in orientation and trainings provided by the Vendor/Fiscal Employment Agency or the Agency with Choice. Participating in Financial Management Services (FMS) orientation and other necessary trainings and interactions with the FMS provider. • Developing effective management and supervision techniques such as conflict resolution. • Providing education, guidance, and support in developing effective recruiting and hiring techniques so that CLEs/MEs can perform such tasks independently and without ongoing assistance from the Supports Broker to the fullest possible extent. Developing effective recruiting and hiring techniques. • Assisting Managing Employers and Common Law Employers to develop a process to determine pay rates for Support Service Professionals so that CLEs/MEs can perform such tasks independently and without ongoing assistance from the Support Broker to the fullest possible extent. 	<p>responsibilities of the Supports Broker.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Educating and supporting CLEs / MEs on managing service utilization such that overall expenditures do not exceed authorized units for services, and assisting in the development of a method accomplish this on an ongoing basis. • Determining pay rates for Support Service Professionals. • Assisting CLEs / MEs to develop a process to recruit and retain Support Service Professionals and expanding and coordinating informal, unpaid resources and networks within the community to support meeting the participant’s needs through participant-direction, which may include facilitating a support group that helps to meet the participant’s self-direction needs. These support groups are separate and apart from the service plan team meetings arranged and facilitated by the Supports Coordinator. • Providing or arranging for training for Support Service Professionals. • Providing technical assistance and support to CLEs/MEs to develop training plans and track completion of training for Support Service Professionals. • Developing schedules for Support Service Professionals • Developing, implementing and modifying a back-up plan for services, staffing for emergencies and/or Support Service Professional absences • Providing technical assistance and support to CLEs/MEs to establish a process for creating work schedules that include both Support Service Professionals and (when applicable) unpaid supports, including developing, implementing, and modifying back-up plans for when a Support Service Professional or unpaid support is unable to work due to an emergency, acute illness, etc. • Developing proper procedures for termination of Support Service Professionals in the VF/EA FMS option or communication with the Agency With Choice regarding the desire for removal of Support Service Professionals from working with the participant in the AWC FMS option. • Providing technical assistance and guidance to support CLEs/MEs to develop a performance review process for Support Service Professionals, including but not limited to creating a performance review tool and review schedule. • Providing or arranging for training that will aid the CLE/ME in developing their management skills, including but not limited to: <ul style="list-style-type: none"> ○ Conflict resolution ○ Effective communication ○ Workplace safety and injury prevention 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> ○ Expanding and coordinating informal, unpaid resources and networks within the community to support success with participant directed services ○ Problem-solving ○ Decision-making ○ Achieving desired personal and assessed outcomes ● Identifying areas where the Supports Broker service can support a participant’s desired goals and outcomes related to participant directed services, and proposed modifications to participant directed services in the participant’s service plan, and sharing the information with the service plan team for inclusion in the service plan. ● Providing information, guidance, and support with responding to notices for corrective action from the FMS, SC, AE or ODP. ● Providing guidance and support with complying with the standards, regulations, policies and waiver requirements related to the participant direction of services. ● Assisting the participant to secure a new surrogate when necessary. ● Facilitating a support group that helps to meet the participant’s self-direction needs. These support groups are separate and apart from the service plan team meetings arranged and facilitated by the Supports Coordinator. ● Expanding and coordinating informal, unpaid resources and networks within the community to support success with participant direction. ● Advising and assisting with the development of procedures to monitor expenditures and utilization of services. ● Identifying areas of support that will promote success with self-direction and independence and share the information with the team and Supports Coordinator for inclusion in the service plan. ● Identifying and communicating any proposed modifications to the participant’s service plan. ● Complying with the standards, regulations, policies and the waiver requirements related to self-direction. ● When applicable, securing a new surrogate and responding to notices for corrective action from the FMS, SC, AE or ODP. <p>All functions performed by a Supports Broker must be related to the personal and assessed outcomes related to the participant directed services in the service plan.</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Supports Brokers must work collaboratively with the participant’s Supports Coordinator and service plan team but may not perform Supports Coordination functions or activities as listed in the Supports Coordination service in Appendix C1/C3 of this Waiver. Supports Brokers may not replace the role of, or perform the functions of a Supports Coordinator. The role of the Supports Coordinator continues to involve providing the primary functions of locating, coordinating, and monitoring of waiver services; while the Supports Broker assists participants or their designated surrogate with assistance with the above noted functions. No duplicate payments will be made.</p>	
All ID/A Waivers	C-1/C-3	Supports Broker, Provider Qualifications (applies to all certificate requirements for this service definition)	<p><i>Certificate:</i> Support Service Professionals/Supports Brokers must successfully complete a Supports Broker Certification Program provided by ODP or its designee every three years following their initial certification. Support Service Professionals/Supports Brokers that were initially certified two years prior to the effective date of this waiver, must complete the Supports Broker Certification Program, on or before the end of the third year since the initial certification. Supports brokers who were initially certified three or more years prior to the effective date of this waiver must complete the Supports Broker Certification Program, on or before January 1, 2023. enroll on or after the effective date of this waiver must complete this program prior to enrollment as a Supports Broker. Support Service Professionals that are enrolled prior to the effective date of this waiver must complete this program by 1/1/19. All certification, recertification, and decertification is governed by ODP’s Supports Broker Certification Policy.</p>	ODP is changing the provider qualifications to provide clarification on when Support Service Professionals/Supports Brokers are responsible for completing the Supports Broker Certification Program.
All ID/A Waivers	C-1/C-3	Supports Coordination	<p>Activities under the locating function include all of the following, as well as the documentation of the activities: </p> <ul style="list-style-type: none"> • Participate in the ODP standardized needs assessment process to inform development of the service plan, including any necessary service plan updates; • Facilitate the completion of additional assessments, based on participants’ strengths, needs and preferences for planning purposes and service plan development; • Provide participants and their his or families with information on competitive integrated employment during the planning process and upon the participant’s or family’s request; • Provide participants and their families or other caregivers with the standard ODP information about participant direction, an explanation of the options and the contact information for the Financial Management Services provider; 	ODP is updating the Supports Coordination service definition to align with current practices.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Provide participants and their families or other caregivers with information on participant direction opportunities, including the potential benefits, responsibilities and risks associated with directing services, during the planning process and upon request; • Provide participants and their families or other caregivers with the standard ODP information about participant direction, an explanation of the options and the contact information for the Financial Management Services provider; and • Provide information to participants and their his or her families on fair hearing rights, explain what the fair hearing process entails, and assist with fair hearing requests when needed and upon request. <p style="text-align: center;">***</p> <ul style="list-style-type: none"> • Review and update the participant’s service plan annually; • Revise the participants service plan when there is a change in need or at the request of the participant and their his or her family; • Work with the authorizing entity regarding the authorization of services on an ongoing basis and when issues are identified regarding requested services; <p style="text-align: center;">***</p> <p style="text-align: center;">Collaborate with his or her family, friends, and other community members of a participant to facilitate the coordination of a relationship based natural support network and develop supporting partnerships so the participant is able to pursue their vision of have a good life;</p> <p style="text-align: center;">***</p> <ul style="list-style-type: none"> • Coordinate the resolution of barriers to service delivery and accomplishments of outcomes in the service plan <p style="text-align: center;">----- ***</p> <ul style="list-style-type: none"> • Monitor the health and welfare of participants through regular contacts at the minimum frequency outlined in Appendix D-2-a of this Waiver or increased monitoring frequency based on the need of the participant. 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 style="text-align: center;">***</p> <ul style="list-style-type: none"> • Respond to and assess emergency situations and incidents and assure that appropriate actions taken are appropriate and timely in order to protect the health and welfare of participants; 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Work with the authorizing entity regarding the authorization of services on an ongoing basis and when issues are identified regarding requested services. *** • Intake for purposes of determining whether a participant has an intellectual disability, autism and/or developmental disability and qualifies for Medical Assistance; *** <p>The following activities are excluded from Supports Coordination as a billable Waiver service:</p> <ul style="list-style-type: none"> • Direct Representative payee functions; and • Activities that occur from the point of a participant’s date of death and forward assistance in locating and/or coordinating burial or other services for a deceased participant. 	
All ID/A Waivers	C-1/C-3	Supports Coordination	<p>SCO Qualification Standards: Supports Coordination Organizations must meet the following standards during the initial qualification process or whenever a new Executive Director is hired:</p> <ol style="list-style-type: none"> 1. The Executive Director must have 5 years of professional level experience in the field of disability services, including three years of administrative, supervisory, or consultative work; and a bachelor's degree. 2. The Executive Director must have knowledge of ODP’s intellectual disability and autism service system and successfully complete ODP’s SCO Applicant Orientation to Enrollment and Provision of Quality Services <p style="text-align: center;">***</p> <ol style="list-style-type: none"> 7. Have an orientation program that includes the following: <ul style="list-style-type: none"> • Person centered practices including respecting rights, facilitating community integration, supporting families, honoring choice and supporting individuals in maintaining relationships, <p>The prevention, detection, and reporting of abuse, suspected abuse, and alleged abuse in accordance with 35 P.S. § 10225.701-708, 6 Pa.Code Chapter 15, 23 Pa.C.S. §§ 6301-6385, Chapter 3490, 35 P.S. §§ 10210.101-704 and applicable adult protective services regulations.</p> <ul style="list-style-type: none"> • Individual rights. • Recognizing and reporting incidents. <p style="text-align: center;">***</p> 17. Comply with and meet all standards of ODP’s SCO oversight monitoring monitoring process including: <ul style="list-style-type: none"> • Timely submission of self assessment tool 	These changes address areas of concern identified through oversight and monitoring of SCO providers.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p style="text-align: center;">***</p> <p>Minimum Qualifications for SC Supervisors:</p> <p>2. Must meet the following educational and experience requirements:</p> <ul style="list-style-type: none"> • A bachelor’s degree with a major coursework in sociology, social work welfare, psychology, gerontology, criminal justice or other related social sciences; and two years’ experience as a Supports Coordinator; or • Have a combination of experience and education equaling of at least six years of experience in developmental disabilities, special education, mental health, counseling, guidance, social work or health and rehabilitative services; and at public or private social work including at least 24 college-level credit hours in sociology, social work, psychology, gerontology or other related social science. <p>Minimum Qualifications for Supports Coordinators:</p> <ul style="list-style-type: none"> • Any equivalent combination of experience and training which includes 12 college credits in sociology, social work welfare, psychology, gerontology, criminal justice, or other related social service and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case management functions; 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. 	
Consolidated Waiver	C-1/C-3	Participant Directed Goods and Services	<p>Participant-Directed Goods and Services are services, equipment or supplies not otherwise provided through other services offered in this waiver, the Medicaid State Plan, or a responsible third party. Participant-Directed Goods and Services must be used primarily for the benefit of the participant, address an identified need in the participant’s service plan and must achieve one or more of the following objectives:</p> <ul style="list-style-type: none"> • Decrease the need for other Medicaid services. • Promote or maintain inclusion in the community. • Promote the independence of the participant. • Increase the participant’s health and safety in the home environment. • Develop or maintain personal, social, physical or work-related skills. 	ODP proposes, based on comments received during the listening sessions, to include Participant Directed Goods and Services in the Consolidated Waiver.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Participant-directed Goods and Services may not be used for any of the following:</p> <ul style="list-style-type: none"> • Personal items and services not related to the participant’s intellectual disability, developmental disability, or autism; • Experimental or prohibited treatments; • Entertainment activities, including vacation expenses, lottery tickets, alcoholic beverages, tobacco/nicotine products, movie tickets, televisions and related equipment, and other items as determined by the Department; • Expenses related to routine daily living, including groceries, rent or mortgage payments, utility payments, home maintenance, gifts, pets (excluding service animals), self-employment/business related expenses and other items as determined by the Department. • Items and services that are excluded from receiving Federal Financial Participation, including but not limited to: room and board payments which include the purchase of furnishings and services provided while a participant is an inpatient of a hospital, nursing facility, or ICF/ID. <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i> Participant-directed Goods and Services are limited to \$2,000 per participant per fiscal year.</p>	
Community Living and P/FDS Waivers	C-1/C-3	Participant Directed Goods and Services	<p>Participant-directed Goods and Services may not be used for any of the following:</p> <ul style="list-style-type: none"> • Personal items and services not related to the participant’s intellectual disability, developmental disability, or autism; • Experimental or prohibited treatments; • Entertainment activities, including vacation expenses, lottery tickets, alcoholic beverages, tobacco/nicotine products, movie tickets, televisions and related equipment, and other items as determined by the Department; • Expenses related to routine daily living, including groceries, rent or mortgage payments, utility payments, home maintenance, gifts, pets (excluding service animals), self-employment/business related expenses and other items as determined by the Department. • Items and services that are excluded from receiving Federal Financial Participation, including but not limited to: room and board payments which include the purchase of furnishings and services provided while a participant is an inpatient of a hospital, nursing facility, or ICF/ID. 	ODP is clarifying that self-employment and business related expenses are excluded from coverage under Participant-Directed Goods and Services.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
P/FDS Waiver	C-4	Additional Limits on Amount of Waiver Services	<p>A \$41,000 per person per fiscal year total limit is established for all P/FDS Waiver services with the following exceptions:</p> <ul style="list-style-type: none"> • Supports Coordination and Supports Broker services will be excluded from the limit because they are integral to ensuring the success of participants in utilizing traditional service models and participant directed service models. • The limit can be exceeded by \$15,000 for Advanced Supported Employment, Supported Employment, or Benefits Counseling services that are authorized on a participant's service plan. 	Based on input received during listening sessions, Benefits Counseling has been added as a service that can exceed the P/FDS fiscal year limit on services by \$15,000.
All ID/A Waivers	D-1-g	Process for Making Service Plan Subject...	<p>The ODP Oversight Quality Assessment and Improvement process involves the review of service plans to ensure that:</p> <ul style="list-style-type: none"> • Service plans address all participant's assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. • Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs. • Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan. • Participants are afforded choice between/among waiver services and providers. • Service Plan outcomes relate to the participant's preferences and needs. • Service plans are authorized prior to the receipt of Waiver services. 	The Quality Assessment and Improvement process does not review service plans to ensure that they are authorized prior to the receipt of waiver services.
P/FDS Waiver	D-2-a	The Frequency with Which Monitoring is Performed	<p>For participants who receive a monthly service, the SC monitors authorized services to ensure a waiver participant's health and safety. The supports coordinator shall conduct monitoring at the following minimum frequency:</p> <ul style="list-style-type: none"> • A face-to-face monitoring once in every three (3) calendar months at a minimum. • At least one of the face-to-face monitoring visits in every (6) six calendar months must take place in the waiver participant's home. • One (1) visit must take place at the waiver participant's day service, including a nontraditional day program as appropriate; and • One (1) visit may take place at: <ul style="list-style-type: none"> ○ any location where an authorized service is rendered, as applicable in the waiver participant's plan. OR ○ any location agreeable to the waiver participant. 	ODP is clarifying the requirements in the P/FDS Waiver for when face-to-face monitoring by Supports Coordinators is required and when remote monitoring is allowed.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>A remote face-to-face monitoring, defined as real time audio and visual view where the SC can see and hear the participant, the caregiver(s) and the environment using technology, can take place one (1) time out of the four (4) yearly required face-to-face monitorings.</p> <p style="text-align: center;">***</p> <p>During the time that the participant is receiving a waiver service on a less than monthly basis or on temporary travel, the SC must conduct monthly remote face-to-face monitorings with at least one face-to-face monitoring occurring every three months.</p> <p>A deviation of monitoring frequency and location is only permitted when a participant:</p> <ul style="list-style-type: none"> • only receives a waiver service on a less than monthly basis • is on temporary travel out of the state of Pennsylvania as per ODP’s Travel Policy Related to Service Definitions <p>For participants who receive services on a less than monthly basis, ODP requires monthly monitoring conducted by the SC with at least one face-to-face occurring every three months.</p> <p>A deviation of monitoring frequency is only permitted when an individual goes on vacation or on a trip as per ODP’s Waiver Travel Policy related to Service Definitions.</p>	
Consolidated and Community Living Waiver	D-2-a	The Frequency with Which Monitoring is Performed	<p>(B) The Frequency With Which Monitoring Is Performed. For participants who receive a monthly service, the SC monitors authorized services to ensure a waiver participant's health and safety. The SC shall conduct at minimum a face to face monitoring once every two months. During a six (6) calendar month timeframe:</p> <ul style="list-style-type: none"> • One (1) of the visits must take place at the waiver participant's residence; • One (1) visit must take place at the waiver participant's day service, including a nontraditional day program and • One (1) visit may take place at: <ul style="list-style-type: none"> ○ any location where an authorized service is rendered, OR ○ any location agreeable to the waiver participant. <p>A remote face-to-face monitoring, defined as real time audio and visual view where the SC can see and hear the participant, the caregiver(s) and the environment using technology, can take place three (3) out of the six (6) required face-to-face monitorings per year.</p>	ODP is clarifying the requirements in the Consolidated and Community Living Waivers for when face-to-face monitoring by Supports Coordinators is required and when remote monitoring is allowed.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p style="text-align: center;">***</p> <p>During the time that the participant is receiving a waiver service on a less than monthly basis or on temporary travel , the SC must conduct monthly remote face-to-face monitorings with at least one face-to-face monitoring occurring every three months. A deviation of monitoring frequency and location is only permitted when a participant:</p> <ul style="list-style-type: none"> • only receives a waiver service on a less than monthly basis • is on temporary travel out of the state of Pennsylvania as per ODP’s Travel Policy Related to Service Definitions <p>For participants who receive services on a less than monthly basis, ODP requires monthly monitoring conducted by the SC with at least one face to face occurring every three months.</p> <p>A deviation of monitoring frequency is only permitted when an individual goes on vacation or on a trip as per ODP's Waiver Travel Policy related to Service Definitions.</p>	
All ID/A Waivers	Appendix H	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 Administrative Entities (AEs), Supports Coordination Organizations (SCOs) and providers delivering waiver services and supports. Over a three-year period, 100% of AEs, SCOs and providers receive a full QA&I review.</p> <p>ODP selects for review a proportionate, representative, random sample of waiver participants for review via the QA&I process, with a confidence level of 95%, margin of error 5%, and 70% response distribution, from the combined population of waiver participants in Pennsylvania’s Consolidated Waiver Control # 0147, P/FDS Waiver Control # 0354 and Community Living Waiver Control #1486. The results obtained reflect the performance of the combined system, ensuring that the system for the waivers is responsive to the needs of all individuals served.</p> <p>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 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 	Updated to align waiver language with the current QA&I process.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • 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. The QA&I process is used to:</p> <ul style="list-style-type: none"> • Assess AE outcomes as outlined in the AE Operating Agreement, • Collect data for the Consolidated, P/FDS and Community Living waivers’ performance measures, • Validate that SCOs and providers comply with applicable federal and state regulations and requirements and their current Provider Agreements for all three waivers. <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 AEs, SCOs, providers, and the overall system, as it relates to the quality of services.</p> <p>ODP developed Regional Quality Teams in each of its four Regional Offices to review region-specific, aggregate discovery and remediation data, in each of the six waiver assurance areas and a Community Services Quality Oversight Group, as well as a Community Services Quality Team, co-lead by ODP’s Bureau of Community Services Director and Quality Management Division Director, to review the statewide, aggregate performance data in each of the six waiver assurance areas. ODP Regional Office Staff are assigned to participate in the compilation and analyses of aggregate data pertaining to their region, then to join with ODP Central Office staff to compile and analyze data statewide. Regional analysis, conclusions, and recommendations are considered when statewide analysis is performed and conclusions and recommendations proposing system-wide improvements are made by the Community Services Quality Oversight Group Team.</p> <p style="text-align: center;">***</p> <p>Because Pennsylvania’s Consolidated, P/FDS and Community Living Waivers are approved for the same five-year time frame, ODP will submit a consolidated evidence report reflecting the state fiscal years’ first three state fiscal years’ performance on the combined system on the schedule CMS requires.</p>	
All ID/A Waivers	Appendix H(b)(i)	System Design Changes	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	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>periodic, routine reports on progress to the Community Services Quality Team Oversight Group. Stakeholders, including ISAC, are engaged in this process where appropriate. Stakeholders are engaged in this process where appropriate. In addition, ODP's ISAC completes the PDCA Cycle through review of IM4Q and NCI data, assessing the effectiveness of strategies implemented and identifying next steps.</p>	
All ID/A Waivers	Appendix H-2	Use of a Patient Experience of Care/Quality of Life Survey	<p>Specify the type of survey tool the state uses: HCBS CAHPS Survey : ✗ NCI Survey : NCI AD Survey : X 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>	ODP is clarifying the survey tools it is using.