

Appendix C: Participant Services

Appendix C-1/C-3: Summary of Services Covered and Services Specifications

C-1-a. Waiver Services Summary. Appendix C-3 sets forth the specifications for each service that is offered under this waiver. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Statutory Services (<i>check each that applies</i>)		
Service	Included	Alternate Service Title (if any)
Case Management	<input type="checkbox"/>	
Homemaker	<input type="checkbox"/>	
Home Health Aide	<input type="checkbox"/>	
Personal Care	<input checked="" type="checkbox"/>	Personal Assistance Services
Adult Day Health	<input checked="" type="checkbox"/>	Adult Daily Living
Habilitation	<input type="checkbox"/>	
Residential Habilitation	<input checked="" type="checkbox"/>	
Day Habilitation	<input checked="" type="checkbox"/>	Structured Day Habilitation Services
Prevocational Services	<input checked="" type="checkbox"/>	Employment Skills Development
Supported Employment	<input checked="" type="checkbox"/>	Job Coaching
Education	<input type="checkbox"/>	
Respite	<input checked="" type="checkbox"/>	
Day Treatment	<input type="checkbox"/>	
Partial Hospitalization	<input type="checkbox"/>	
Psychosocial Rehabilitation	<input type="checkbox"/>	
Clinic Services	<input type="checkbox"/>	
Live-in Caregiver (42 CFR §441.303(f)(8))	<input type="checkbox"/>	
Other Services (<i>select one</i>)		
<input type="radio"/>	Not applicable	
<input checked="" type="radio"/>	As provided in 42 CFR §440.180(b)(9), the state requests the authority to provide the following additional services not specified in statute (<i>list each service by title</i>):	
a.	Assistive Technology	

b.	Behavior Therapy
c.	Benefits Counseling
d.	Career Assessment
e.	Cognitive Rehabilitation Therapy Services
f.	Community Integration
g.	Community Transition Services
h.	Home Adaptations
i.	Home Delivered Meals
j.	Job Finding
k.	Non-Medical Transportation
l.	Nutritional Consultation
m.	Participant-Directed Community Supports
n.	Participant-Directed Goods and Services
o.	Personal Emergency Response System (PERS)
p.	Pest Eradication
q.	TeleCare
r.	Vehicle Modifications

Extended State Plan Services (*select one*)

- Not applicable
- The following extended state plan services are provided (*list each extended state plan service by service title*):

a.	Counseling Services
b.	Home Health – Home Health Aide Services
c.	Home Health – Nursing Services
d.	Home Health – Occupational Therapy Services
e.	Home Health – Physical Therapy Services
f.	Home Health – Speech and Language Therapy Services
g.	Specialized Medical Equipment and Supplies

Supports for Participant Direction (*check each that applies*)

- The waiver provides for participant direction of services as specified in Appendix E. The waiver includes Information and Assistance in Support of Participant Direction, Financial Management Services or other supports for participant direction as waiver services.

✓	The waiver provides for participant direction of services as specified in Appendix E. Some or all of the supports for participant direction are provided as administrative activities and are described in Appendix E.	
○	Not applicable	
	Support	Included
	Information and Assistance in Support of Participant Direction	✓
	Financial Management Services	✓
Other Supports for Participant Direction (<i>list each support by service title</i>):		
a.		
b.		
c.		

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

○	Not applicable – Case management is not furnished as a distinct activity to waiver participants.
●	Applicable – Case management is furnished as a distinct activity to waiver participants. Check each that applies:
<input type="checkbox"/>	As a waiver service defined in Appendix C-3 <i>Do not complete item C-1-c.</i>
<input type="checkbox"/>	As a Medicaid state plan service under §1915(i) of the Act (HCBS as a State Plan Option). <i>Complete item C-1-c.</i>
<input type="checkbox"/>	As a Medicaid state plan service under §1915(g)(1) of the Act (Targeted Case Management). <i>Complete item C-1-c.</i>
<input checked="" type="checkbox"/>	As an administrative activity. <i>Complete item C-1-c.</i>
<input type="checkbox"/>	As a primary care case management system service under a concurrent managed care authority. <i>Complete item C-1-c.</i>

c. Delivery of Case Management Services. Specify the entity or entities that conduct case management functions on behalf of waiver participants:

The CHC-MCO will provide service coordination as an administrative function. The Service Coordination function must be provided by an appropriately qualified Service Coordinator employed by or under contract with the CHC-MCO.

This service will be provided to meet the participant’s needs as determined by an assessment performed in accordance with Department requirements, and as outlined in the participant’s service plan.

Service Coordinators are responsible for assisting Participants in obtaining the services that they need. Service Coordinators lead the Person-Centered Service Planning process and oversee the implementation of Person-Centered Services Plans (PCSPs). CHC-MCOs must annually submit and obtain Department approval of their Service Coordination staffing, caseloads, the required

frequency of in-person contact with Participants, and how Service Coordinators share and receive real-time information about Participants and Participant encounters.

Service Coordination includes activities to identify, coordinate and assist participants to gain access to needed Covered Services and non-Covered Services such as medical, social, housing, educational and other services and supports. Service Coordination includes the primary functions of providing information to Participants and facilitating access, locating, coordinating and monitoring needed services and supports for waiver Participants. Service Coordinators are responsible to: inform Participants about available LTSS, required needs assessments, the Participant-centered service planning process, service alternatives, service delivery options (opportunities for Participant-direction), roles, rights, risks and responsibilities, inform Participants on fair hearing rights and assist with fair hearing requests when needed and upon request, and ensuring the health, welfare and safety of the Participant on an on-going basis.

Service Coordinators must: collect information to inform the development of the PCSP, including, at a minimum, the Participant's preferences, strengths and goals; conduct the comprehensive needs assessment, at least annually or more frequently as needed in accordance with Department requirements; assist the Participant and his/her person-centered service planning team to identify and choose willing and qualified providers; coordinate efforts and prompt the Participant to complete activities necessary to maintain waiver eligibility; explore coverage of services to address Participant identified needs through other sources, including services provided under the State Plan, Medicare and/or private insurance or other community resources; and actively coordinate with other individuals and/or entities essential in the physical and/or behavioral care delivery for the Participant, including other care coordinators, to ensure seamless coordination between physical, behavioral and support services.

In the performance of the coordinating function, the Service Coordinator will:

- Coordinate efforts in accordance with Department requirements and prompt the participant to participate in the completion of a needs assessment as required by the State to identify appropriate levels of need and to serve as the foundation for the development of and updates to the service plan.
- Use a person-centered planning approach and a team process to develop the participant's service plan to meet the participant's needs in the least restrictive manner possible. At a minimum, the approach shall:
 - Include people chosen by the participant for service plan meetings, review assessments, including discussion of needs, to gain understanding of the participant's preferences, suggestions for services and other activities key to ensure a participant-centered service plan.
 - Provide necessary information and support to ensure that the participant directs the process to the maximum extent possible and is enabled to make informed choices and decisions.
 - Be timely and occur at times and locations of convenience to the participant.
 - Reflect cultural considerations of the participant.
 - Include strategies for solving conflict or disagreement within the process.
 - Offer choices to the participant regarding the services and supports they receive and the providers who may render them.
 - Inform participants of the method to request updates to the service plan.
 - Ensure and document the participant's participation in the development of the service plan.
- Develop and update the service plan in accordance with Appendix D, based upon the standardized needs assessment and participant-centered planning process annually, or more frequently as needed.
- Coordinate with the participant's family, friends and other community members to cultivate the participant's natural support network, to the extent that the participant (adult) has provided permission for such coordination.

In the performance of the monitoring function, the Service Coordinator will:

- Ensure that services are furnished in accordance with the service plan.
- Ensure that services meet participant needs.
- Monitor the health, welfare and safety of the participant and service plan implementation through regular contacts (monitoring visits with the participant, paid and unpaid caregivers and others) at a minimum frequency as required by the Department.
- Respond to and assess emergency situations and incidents and assure that appropriate actions are taken to protect the health, welfare and safety of the participant in accordance with Appendix G.
- Monitor the effectiveness of back-up plans.
- Review provider documentation of service provision and monitor participant progress on outcomes and initiate service plan team discussions or meetings when services are not achieving desired outcomes.
- Through the service plan monitoring process, solicit input from participant and/or family, as appropriate, related to satisfaction with services.
- Arrange for modifications in services and service delivery, as necessary, to address the needs of the participant, consistent with an assessment of need and Department requirements, and modify the service plan accordingly.
- Advocate for continuity of services, system flexibility and integration, proper utilization of facilities and resources, accessibility and participant rights.
- Participate in any Department identified activities related to quality oversight.

Services must be delivered in a manner that supports the participant's communication needs, including, but not limited to, age appropriate communication, translation services for participants that are of limited-English proficiency or who have other communication needs requiring translation, assistance with the provider's understanding and use of communication devices used by the participant.

Service Coordination includes functions necessary to facilitate community transition for participants who received Medicaid-funded institutional services (i.e. Nursing Facilities) and who lived in an institution for at least 90 consecutive days prior to their transition to the waiver. Service Coordination activities for participants leaving institutions must be coordinated with, and must not duplicate, institutional discharge planning. This service may be provided up to 180 days in advance of anticipated movement to the community. Essential functions necessary for completion of a successful transition include at a minimum:

- Acting as a liaison between the facility where the participant will be transitioning from and the Independent Enrollment Entity for waiver services
- Performing a comprehensive assessment of the services needed to transition from an institution to the community, while assuring the participant's health and welfare. The comprehensive assessment gathers information about the need for health services, social supports, housing, transportation, financial resources and other needs.
- Providing information to the individual about community resources and assisting the individual, family, Nursing Facility staff and others to ensure timely and coordinated access to Medicaid services, behavioral health services, financial counseling and other services to meet needs.
- Providing housing pre-tenancy and transition services that prepare and support the participant's move to supportive housing in a community integrated setting. Functions include but are not limited to:
 - Conducting a housing assessment, including a comprehensive budget plan, to determine the participant's housing needs and preferences as well as identifying potential barriers to transition.

- Developing an assessment-based housing support plan that identifies the housing services and supports required and will provide the participant with the opportunity to have an informed choice of living options.
- Developing a crisis plan that identifies emergent situations that could jeopardize housing and the appropriate interventions.
- Assisting with finding and securing housing, completing housing applications, and working with private landlords, housing authorities, Regional Housing Coordinators or other housing entities.
- Assessing home adaptation needs. Acting as a liaison between contractors and physical or occupational therapists.
- Assisting, or acting on the behalf of, the participant to obtain needed documentation (e.g., social security card, birth certificate, prior rental history), or resources with Social Security, social services, or community agencies.
- Conducting or facilitating a housing inspection to ensure unit readiness for occupancy.
- Coordinating the participant's move to the community and educating the individual on how to retain housing.
- Providing tenancy sustaining services to assist the participant to retain housing and integrate into the community, foster independence and assist in developing community resources to support successful tenancy and maintain residency in the community. Functions include but are not limited to:
 - Assisting or coordinating training to develop or restore skills on being a good tenant and/or neighbor and accessing community resources.
 - Assisting or coordinating training with necessary life skills such as budgeting and routine home maintenance.
 - Assisting the participant to manage and reduce behaviors that may jeopardize housing.
 - Assisting the participant to manage their household and understand the terms of a lease or mortgage agreement.
 - Monitoring and updating the participant's housing support plan as requisite housing skills change.

The following activities are excluded from Service Coordination:

- Outreach or eligibility activities (other than transition services) before participant enrollment in the waiver.
- Travel time incurred by the Service Coordinator may not be billed as a discrete unit of service.
- Services that constitute the administration of another program such as protective services, parole and probation functions, legal services, and public guardianship.
- Representative payee functions.
- Other activities identified by the Department.

Service Coordination must be conflict free and may only be provided by agencies and individuals employed by agencies who are not:

- Related by blood or marriage to the participant or to any paid service provider of the participant.
- Financially or legally responsible for the participant.
- Empowered to make financial or health-related decisions on behalf of the participant.
- Sharing any financial or controlling interest in any entity that is paid to provide care for or conduct other activities on behalf of the participant.

- Individuals employed by agencies paid to render direct or indirect services (as defined by the Department) to the participant, or an employee of an agency that is paid to render direct or indirect services to the participant.

CHC-MCOs must develop, submit for DHS approval, and implement a plan to monitor the performance of Service Coordinators.

Every Participant who has a PCSP developed must have a Service Coordinator assigned to implement and coordinate the services called for in the PCSP.

Service Coordinators and Service Coordinator supervisors must meet the following qualifications:

Service Coordinators must:

- Be a registered nurse (RN) or have a Bachelor's degree in social work, psychology or other related fields, or in lieu of a Bachelor's degree, have at least three (3) or more years of experience in a social service or health care related setting. Service Coordinators hired prior to the CHC zone Implementation Date must have the qualifications and standards proposed by the CHC-MCOs and approved by the department.
- Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52 except those excluded in the CHC Agreement;
- Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;
- Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and
- Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.

Service Coordinator Supervisors must:

- Be an RN or have a Master's degree in social work or in a human services or healthcare field and three (3) years of relevant experience with a commitment to obtain either a Pennsylvania social work or mental health professional license within one year of hire. Service Coordinator Supervisors hired prior to the CHC zone Implementation Date (who do not have a license) must either 1) obtain a license within their first year under the new CHC contract in their zone or 2) have the qualifications and standards proposed by the CHC-MCOs and approved by the department.
- Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52 except those excluded in the CHC Agreement;
- Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;
- Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and
- Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.

Service Coordination Entities under contract with the CHC MCO must:

- Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52 except those excluded in the CHC Agreement;
- Meet the conflict free requirements pursuant to 55 PA Code, Chapter 52, §52.28;
- Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;
- Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;
- Have Commercial General Liability insurance; and

- Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.

Appendix C-2: General Service Specifications

- a. **Criminal History and/or Background Investigations.** Specify the state's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (*select one*):

●	<p>Yes. Criminal history and/or background investigations are required. Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):</p> <p>Criminal history checks are required for all direct care workers and must be conducted in accordance with 55 PA Code, Sections 52.19 and 52.20. Direct care workers who are employed by waiver participants must have criminal history clearances completed prior to hire, facilitated through the F/EA or the AWC vendor as described below, so that participants can make an informed decision on whether to employ a worker who has a criminal record.</p> <p>Criminal history clearances are obtained from the Pennsylvania State Police which access the Pennsylvania Crime Information Center (PCIC) and the National Crime Information Center (NCIC) for this information. The results are typically available within 1-2 business days. A Federal Bureau of Investigation (FBI) federal criminal history record is required for applicants who have resided in Pennsylvania for less than two years.</p> <p>The home care/personal assistance agency is responsible for securing criminal history background checks for their employees. The agency must have a system in place to document that the criminal history background check was conducted, as well as the results of the background check.</p> <p>Under participant-direction, the CHC-MCOs' Fiscal Employer/Agent (F/EA) vendor or the AWC vendor is responsible for securing criminal history background checks for prospective direct care workers prior to hiring workers. In addition, the F/EA or the AWC vendor must have a system in place to 1) document that the criminal history background check was conducted, and 2) notify individuals of the results of the background check, and 3) document the individual's decision to employ a direct care worker with a criminal record and their acceptance of responsibility for their decision.</p> <p>OLTL monitoring teams, as part of their oversight of the AWC vendor, and the CHC-MCOs, as part of their oversight of the F/EA contract, will ensure that criminal background checks will be completed timely. Staff will check to determine that criminal background checks are completed timely and that participants are notified of results. Corrective action will be implemented if it is found that the F/EA or AWC vendor is not meeting established contract standards.</p> <p>The CHC-MCO will review provider personnel records as part of their regular monitoring to ensure that criminal history checks are conducted and documented as required. In addition to regularly scheduled monitoring, OLTL may review records as necessary during incident report investigations or other circumstances as warranted.</p>
○	<p>No. Criminal history and/or background investigations are not required.</p>

b. Abuse Registry Screening. Specify whether the state requires the screening of individuals who provide waiver services through a state-maintained abuse registry (*select one*):

- **Yes.** The state maintains an abuse registry and requires the screening of individuals through this registry. Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Clearances are required for all direct care workers and service providers, including Service Coordinators and contractors, providing services in homes where children reside. A child is defined as an individual under 18 years of age.

The following three certifications must be obtained prior to providing services in homes where children reside:

- Report of criminal history from the Pennsylvania State Police (PSP);
- Fingerprint-based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI); and
- Child Abuse History Certification from the Department of Human Services (Child Abuse).

The option to provisionally hire a person for employment described in 55 Pa. Code Ch. 52.20 does not apply to the clearances required prior to providing services in homes where children reside.

Requests for criminal history reports can be processed through the Pennsylvania State Police web-based computer application called “Pennsylvania Access To Criminal History” (PATCH), at <https://epatch.state.pa.us>, or by submitting the “Request For Criminal Record Check” form SP4-164 (updated 12/2017) to the following address: Pennsylvania State Police, Central Repository – 164, 1800 Elmerton Avenue, Harrisburg, PA 17110-9758, (888) 783-7972.

The Department of Human Services utilizes IDEMIA, also referred to as Identogo and MorphoTrust, to process fingerprint-based FBI record checks. The fingerprint-based background check is a multiple step process. The IDEMIA website: <https://www.identogo.com/> allows individuals to apply online, as well as provide detailed information regarding the application process.

Child Abuse History Certifications are obtained online at <http://www.compass.state.pa.us/CWIS>, or through the DHS ChildLine and Abuse Registry, P.O. Box 8170, Harrisburg, Pennsylvania 17105-8170, (717) 783-6211 or toll free at (877) 371-5422.

For those workers required to have clearances (see above), written results are required prior to the employee/provider initiating services in the participant’s home. Direct care workers who are employed by waiver participants who have children residing in their homes must have child abuse clearances completed prior to hire so that participants can make an informed decision on whether to employ a worker who has been named as a perpetrator of founded or indicated child abuse.

Beginning July 1, 2015, certifications must be obtained every 60 months regardless of service model. Any employee with current certification issued prior to July 1, 2015, must renew their

	<p>certifications within 60 months from the date of their oldest certification or if their current certification is older than 60 months.</p> <p>If an employee is arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service, or is named as a perpetrator in a founded or indicated report, the employee must provide the administrator or their designee with written notice not later than 72 hours after the arrest, conviction or notification that the person has been listed as a perpetrator in the statewide database. An employee who willfully fails to disclose information as required above commits a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment.</p> <p>The employer, administrator, supervisor or other person responsible for employment decisions or acceptance of the individual to serve in any capacity requiring certifications, must have a system in place to document that the clearances were conducted and shall maintain copies of the required information.</p> <p>The CHC-MCOs' F/EA vendor or the AWC vendor is responsible for securing clearances for prospective direct care workers. In addition, the F/EA or the AWC vendor must have a system in place to document that the clearances were conducted. OLTL monitoring teams, as part of their oversight of the AWC vendor and the CHC-MCOs, as part of their oversight of the F/EA contract, will ensure that child abuse clearances will be completed timely. Staff will check to determine that child abuse clearances are completed timely. Corrective action will be implemented if it is found that the F/EA or AWC vendor is not meeting established contract standards.</p> <p>The CHC-MCO will review provider personnel records as part of their regular monitoring to ensure that child abuse clearances are conducted and documented as required. In addition to regularly scheduled monitoring, OLTL may review records as necessary during incident report investigations or other circumstances as warranted.</p>
<input type="radio"/>	No. The state does not conduct abuse registry screening.

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

<input type="radio"/>	No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act. <i>Do not complete Items C-2-c.i – c.iii.</i>
<input checked="" type="radio"/>	Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). <i>Complete Items C-2-c.i – c.iii.</i>

i. Types of Facilities Subject to §1616(e). Complete the following table for *each type* of facility subject to §1616(e) of the Act:

Type of Facility	Waiver Service(s) Provided in Facility	Facility Capacity Limit
Personal Care Home	Residential Habilitation	8

Assisted Living Residence	<p>Adult Daily Living Services, Assistive Technology, Behavior Therapy, Benefits Counseling, Career Assessment, Cognitive Rehabilitation Therapy, Counseling, Employment Skills Development, Home Health Aide, Job Coaching, Job Finding, Non-Medical Transportation, Nursing, Nutritional Consultation, Occupational Therapy, Personal Assistance Services, Physical Therapy, Residential Habilitation, Speech and Language Therapy, Specialized Medical Equipment and Supplies, Structured Day Habilitation, and Vehicle Modifications,</p>	N/A
Domiciliary Care Homes	<p>Adult Daily Living Services, Assistive Technology, Behavior Therapy, Benefits Counseling, Career Assessment, Cognitive Rehabilitation Therapy, Community Integration, Counseling, Employment Skills Development, Home Health Aide, Job Coaching, Job Finding, Nursing, Nutritional Consultation, Occupational Therapy, Personal Assistance Services, Personal Emergency Response System (PERS), Physical Therapy, Speech and Language Therapy, Specialized Medical Equipment and Supplies, Structured Day Habilitation, and Vehicle Modifications</p>	3

ii. Larger Facilities: In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Required information is contained in response to C-5

iii. Scope of Facility Standards. For this facility type, please specify whether the state’s standards address the following (*check each that applies*):

Standard	Facility Type	Facility Type	Facility Type	Facility Type
	Personal Care Home	Assisted Living Residence	Domiciliary Care Home	
Admission policies	✓	✓	✓	<input type="checkbox"/>
Physical environment	✓	✓	✓	<input type="checkbox"/>
Sanitation	✓	✓	✓	<input type="checkbox"/>
Safety	✓	✓	✓	<input type="checkbox"/>

Staff : resident ratios	✓	✓	✓	☐
Staff training and qualifications	✓	✓	✓	☐
Staff supervision	✓	✓	☐	☐
Resident rights	✓	✓	✓	☐
Medication administration	✓	✓	✓	☐
Use of restrictive interventions	✓	✓	☐	☐
Incident reporting	✓	✓	✓	☐
Provision of or arrangement for necessary health services	✓	✓	✓	☐

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

6 Pa. Code Chapter 21, Domiciliary Care Services for Adults, does not specifically address staff supervision. As defined in the regulations, a Domiciliary Care Home is “a premises certified by the local Area Agency on Aging (AAA) for the purpose of providing a supervised living arrangement in a homelike setting for a period exceeding 24 consecutive hours.” Individuals living in Domiciliary Care Homes are usually living in an individual’s home; these settings do not lend themselves to traditional staff supervision. Rather, Domiciliary Care providers are overseen by the local Area Agencies on Aging (AAA). The local AAAs are responsible for the initial and ongoing certification of each domiciliary care home and training of domiciliary care home providers. The participant’s Service Coordinator is responsible for developing the participant’s Person-Centered Service Plan (PCSP) and monitoring the provision of services in accordance with the approved PCSP.

As noted in Appendix G, restraints and other forms of restrictive interventions are prohibited. Please see Appendix G for additional information.

- d. **Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under state law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the state, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

●	No. The state does not make payment to legally responsible individuals for furnishing personal care or similar services.
○	Yes. The state makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services. Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) state policies that specify the circumstances when payment may be authorized for the provision of <i>extraordinary care</i> by a legally responsible individual and how the state ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for

	services rendered. <i>Also, specify in Appendix C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the state policies specified here.</i>

e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify state policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

<input type="radio"/>	The state does not make payment to relatives/legal guardians for furnishing waiver services.
<input checked="" type="radio"/>	<p>The state makes payment to relatives/legal guardians under <i>specific circumstances and only when the relative/guardian is qualified to furnish services.</i> Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.</i></p> <p>Family members can provide Respite, Personal Assistance Services and Participant-Directed Community Supports; however, the following exclusions apply:</p> <ul style="list-style-type: none"> • The CHC Waiver will not pay for services furnished by the participant’s spouse. • The CHC Waiver will not pay for services furnished by a legal guardian. • The CHC Waiver will not pay for services furnished by a Representative Payee. • The CHC Waiver will not pay for services furnished by a Power of Attorney (POA). <p>Aside from the exceptions noted above, there are no restrictions on the types of family members who may provide Respite, Personal Assistance Services and Participant-Directed Community Supports.</p> <p>Family members who provide Respite, Personal Assistance Services and Participant-Directed Community Supports must meet the same provider qualification standards as direct care workers who provide Respite, Personal Assistance Services and Participant-Directed Community Supports to non-relatives. Individual service plans for individuals who receive more than 40 hours per week of Respite, Personal Assistance Services and Participant-Directed Community Supports services from one individual (family member or non-family member) will be reviewed and approved by the CHC-MCO. The CHC-MCOs will monitor the provision of services in accordance with OLTL established protocols.</p> <p>Like all providers, family members who provide Respite, Personal Assistance Services and Participant-Directed Community Supports must submit signed time sheets of service delivery hours to the F/EA. The F/EA will review authorized billable units through the CHC-MCO’s billing system. Reimbursement for services will be made through the CHC-MCOs.</p> <p>The F/EA and the AWC vendor shall receive and maintain electronic authorization data from the MCO for each self-directed service appearing on the service plan and authorized by the MCO. When a common-law employer (CLE) submits a timesheet for their employee, the F/EA will ensure that units are available based on the available</p>

	authorization(s) and that the DCW is paid at the rate established by their CLE. Similarly, when the AWC vendor submits a claim to the CHC-MCO, the CHC-MCO will ensure that the units are available based on the authorized PCSP. As an additional check, DHS/OLTL will review encounter data for AWC FMS participants regularly to ensure that services have been provided based on the PCSP and that rates paid are correct and only for authorized services.
<input type="radio"/>	Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3. Specify the controls that are employed to ensure that payments are made only for services rendered.
<input type="radio"/>	Other policy. <i>Specify:</i>

- f. **Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

<p>As a condition of participation in the CHC waiver, potential providers must meet the requirements set forth in 55 PA Code, Chapter 52, as well as other applicable regulatory provisions. OLTL maintains responsibility for ensuring providers meet the approved provider qualifications, including certification and licensure, as referenced in the Quality Improvement section below. In addition, OLTL is responsible for enrolling qualified providers as a Medicaid waiver provider. All willing and qualified providers have the opportunity to enroll as waiver providers with OLTL at any time; OLTL has continuous open enrollment of providers and does not limit the application for provider enrollment to a specific time frame.</p> <p>Copies of the forms for provider enrollment are available upon request from the OLTL and are also available to potential providers online through the DHS website: https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx</p> <p>OLTL will forward a list of all enrolled providers to the CHC-MCOs on a monthly basis. The CHC-MCO will choose the providers they will contract with as part of their provider network from this list of providers. CHC-MCOs are required to contract with a sufficient number of providers to demonstrate network adequacy.</p>
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Appendix C-4: Additional Limits on Amount of Waiver Services

Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*check each that applies*).

<input type="radio"/>	Not applicable – The state does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
<input type="radio"/>	Applicable – The state imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant’s services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant’s needs; and, (f) how participants are notified of the amount of the limit.

<input type="checkbox"/>	<p>Limit(s) on Set(s) of Services. There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver. <i>Furnish the information specified above.</i></p>
<input type="checkbox"/>	<p>Prospective Individual Budget Amount. There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. <i>Furnish the information specified above.</i></p>
<input type="checkbox"/>	<p>Budget Limits by Level of Support. Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. <i>Furnish the information specified above.</i></p>
<input type="checkbox"/>	<p>Other Type of Limit. The state employs another type of limit. <i>Describe the limit and furnish the information specified above.</i></p>

Appendix C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCBS Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

Please see Module 1, Attachment #2 HCBS Settings Waiver Transition Plan for additional information. At the time of submission OLTL is gathering relevant information needed for compliance.