

COMMUNITY HEALTH CHOICES WAIVER SERVICE DEFINITIONS

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Personal Assistance Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Personal Assistance Services (PAS) primarily provide hands-on assistance to participants that are necessary, as specified in the service plan, to enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>This service will be provided to meet the participant’s needs, as determined by an assessment, in accordance with Department requirements and as outlined in the participant’s service plan.</p> <p>PAS is aimed at assisting the individual to complete tasks of daily living that would be performed independently if the individual had no disability. These services include:</p> <ul style="list-style-type: none"> • Care to assist with activities of daily living (e.g., eating, bathing, dressing, personal hygiene), cueing to prompt the participant to perform a task, and providing supervision to assist a participant who cannot be safely left alone. • Health maintenance activities provided for the participant, such as bowel and bladder routines, ostomy care, catheter, wound care and range of motion as indicated in the individual’s service plan and permitted under applicable State requirements. • Routine support services, such as meal planning, keeping of medical appointments and other health regimens needed to support the participant. • Assistance and implementation of prescribed therapies. • Overnight PAS provides intermittent or ongoing awake, overnight assistance to a participant in their home for up to eight hours. Overnight PAS requires awake staff. <p>PAS may include assistance with the following activities when incidental to PAS and necessary to complete activities of daily living:</p> <ul style="list-style-type: none"> • Activities that are incidental to the delivery of PAS to assure the health, welfare and safety of the participant such as changing linens, doing the dishes associated with the preparation of a meal, 	

laundering of towels from bathing may be provided and must not comprise the majority of the service.

- Accompanying the participant into the community for purposes related to PAS, such as shopping in a grocery store, picking up medications and providing assistance with any of the activities noted above to enable the completion of those tasks, and to enable the participant to work and to otherwise engage in activities in the community.

The state will demonstrate compliance with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021 in accordance with the Good Faith Exemption granted by the Centers for Medicare & Medicaid Services and home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is not covered in the State Plan for adults. PAS may only be funded through the waiver when the services are not covered by a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.

PAS workers may accompany participants into the community when the need is documented in the participant's PCSP. Costs incurred by the PAS workers while accompanying the participant into the community, such as admission fees, are not reimbursable under the waiver as PAS.

In addition, PAS workers may provide transportation to participants as long as the transportation is associated with the provision of PAS, necessary for the participant to work and engage in the community and documented in the participant's PCSP. For agency provided PAS, reimbursement for mileage and parking fees is included in the rate paid to agency providers when the worker is driving their own car and the transportation is necessary to enable participation in community activities outside of the home. For participant-directed PAS, mileage reimbursement is not included in the wage range.

PAS cannot be used to solely transport a participant as this would be considered Non-Medical Transportation services which are available in the waiver. In order to bill for PAS, the participant must have a need for assistance, guidance or support with tasks while in community locations for which transportation is necessary and is documented in the participant's PCSP. PAS workers may provide and bill for Non-Medical Transportation services, however it may not be billed simultaneously with PAS. The PAS worker providing the non-medical transportation services must meet the state's provider qualifications for transportation services and be enrolled in Medical Assistance as a transportation provider or enrolled with the applicable CHC-MCO's non-medical transportation broker.

Activities that are incidental to the delivery of PAS are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for their provision.

PAS workers who live in the same residence as the participant cannot be compensated for carrying out household chores such as shopping, laundry and cleaning unless the activity is being completed solely to benefit the participant.

PAS cannot be provided simultaneously with Home Health Aide, Residential Habilitation, Respite or Participant-Directed Community Supports. An individual cannot provide both PAS and Non-Medical Transportation simultaneously.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Personal Assistance Worker		Home Care Agency	
Specify whether the service may be provided by <i>(check each that applies):</i>				
	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Care Agency	Licensed by the PA Department of Health, per 28 PA Code Part IV, Subpart H, Chapter 611 (Home Care Agencies and Home Care Registries), under Act 69	N/A	Agency: <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, and policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Commercial General Liability Insurance • Have Professional Liability Errors and Omissions Insurance

			<ul style="list-style-type: none"> • Have Workers' Compensation Insurance in accordance with State statute and in accordance with Department policies • Ensure that employees have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs; and • Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21. <p>Individuals working for agencies must meet the following standards: Be 18 years of age or older;</p> <ul style="list-style-type: none"> • Possess basic math, reading, and writing skills; Complete training or demonstrate competency by passing a competency test as outlined in Section 611.55 under Title 28, Part IV Subpart H of the Health Care Facilities Act; • Have the required skills to perform services as specified in the participant's service plan; • Complete any necessary pre/in-service training related to the participant's service plan; • Agree to carry-out outcomes included in the participant's service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; • Have a child abuse clearance as required in Appendix C-2-b; 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.
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Personal Assistance Worker	N/A	N/A	Personal Assistance workers must: <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Be 18 years of age or older; • Possess basic math, reading, and writing skills; • Possess a valid Social Security number; • Submit to a criminal records check; • Have a child abuse clearance as required in Appendix C-2-b; • Have the required skills to perform PAS as specified in the participant's service plan; • Complete any necessary pre/in-service training related to the participant's service plan; • Agree to carry-out outcomes included in the participant's service plan; and • Be able to demonstrate the capability to perform health maintenance activities specified in the participant's
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			service plan or receive necessary training	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Home Care Agency	OLTL or its designee		At time of enrollment and revalidation, or more frequently when deemed necessary by the Department.	
Personal Assistance Worker	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Community Transition Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Community Transition Services are one-time expenses for individuals transitioning from an institution or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. The service must be specified in the service plan as necessary to enable the participant to integrate more fully into the community and to ensure health, welfare and safety of the participant.</p> <p>Community Transition Services may be used to pay the necessary expenses for an individual to establish his or her basic living arrangement and to move into that arrangement. The following are categories of expenses that may be incurred:</p> <ul style="list-style-type: none"> • Equipment, essential furnishings and initial supplies. Examples—e.g. household products, dishes, chairs, tables; • Moving Expenses; • Security deposits or other such one-time payments that are required to obtain or retain a lease on an apartment, home or community living arrangement; • Set-up fees or deposits for utility or service access, Examples – e.g. telephone, electricity, heating; • Items for personal and environmental health and welfare (Examples –personal items for inclement weather, allergen control, one-time cleaning prior to occupancy.) 	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Community Transition Services are furnished only to the extent that they are reasonable and necessary, as determined through the PCSP development process, clearly identified in the service plan and the participant is unable to meet such expense, or when the service cannot be obtained from other resources.</p>	

Expenditures may not include ongoing payment for rent or mortgage expenses; however, if the security deposit payment also requires payment of the first month's rent to obtain a lease on an apartment, home, or community living arrangement, the first month's rent is a permissible expenditure under Community Transition Services.

Community Transition Services do not include food, regular utility charges and/or household appliances or items that are intended for purely for diversion/recreational purposes.

Community Transition Services does not include pest eradication. Individuals receiving Community Transition Services who require pest eradication may obtain it through the Pest Eradication Service.

Community Transition Services are limited to the purchase of the specific items to facilitate transition and not the supports or activities provided by the service coordinator/transition coordinator to obtain the items. The CHC-MCO pays individual providers, such as landlords, utility companies, service agencies, furniture stores, and other retail establishments for the identified items.

Community Transition Services include only those non-recurring set-up expenses incurred during the 180 days prior to discharge from a nursing facility or hospital or another provider-operated living arrangement to a community living arrangement or during the period following such a transition during which the participant is establishing his or her living arrangement.

Community Transition Services are limited to an aggregate of \$4,000 per participant, per lifetime, as tracked and pre-authorized by the CHC-MCO.

This service does not cover those services available under Assistive Technology, Home Adaptations, Pest Eradication, Specialized Medical Equipment and Supplies, and Vehicle Modifications.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Independent Vendors, Landlords, Utility Companies, Retail Establishments		
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Independent Vendors, Landlords, Utility Companies, Retail Establishments			<ul style="list-style-type: none"> • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • 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; and • Meet all local and State requirements for the service. All items and services shall be provided according to applicable State and local standards of manufacture, design and installation.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Independent Vendors, Landlords, Utility Companies, Retail Establishments	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Personal Emergency Response System (PERS)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>A Personal Emergency Response System (PERS) is an electronic device that transmits a signal to a central monitoring center to summon assistance in the event of an emergency. The necessary components of a system are:</p> <ol style="list-style-type: none"> 1. An in-home medical communications transceiver. 2. A remote, portable activator. 3. A central monitoring center with backup systems which is staffed at all times. 4. Current data files at the central monitoring station containing response protocols and personal, medical, and emergency information for each participant. <p>A portable locator system is an electronic device that transmits a signal to a monitoring device. The system allows a participant to access assistance in the event of an emergency and allows law enforcement or the monitoring system provider to locate a participant who is unable to request help or to activate a system independently. A portable locator system can be obtained as PERS only if the participant is unable to access assistance in an emergency situation due to the participant's age or disability. The required components of the portable locator system are:</p> <ol style="list-style-type: none"> 1. A portable communications transceiver or transmitter to be worn or carried by the participant. 2. Monitoring by the provider at a central location with response protocols and personal, medical, and emergency information for each participant as applicable. <p>PERS services are limited to those individuals who:</p> <ul style="list-style-type: none"> • Live alone. • Are alone for significant parts of the day as determined in consideration of their health status, disability, risk factors, support needs and other circumstances. • Live with an individual that may be limited in their ability to access a telephone quickly when a participant has an emergency; or • Would otherwise require extensive in-person routine monitoring and assistance. 	

Installation, including equipment testing, and monthly monitoring fees, including monthly equipment rental, are covered in this service.

A unit of service is a one-time installation fee or a monthly monitoring fee. Maintenance and repair of PERS rental equipment is the responsibility of the provider. In addition, provider staff are responsible for training participants regarding the use of the system.

PERS equipment shall include a variety of remote or other specialty activation devices from which the individual can choose in accordance with their specific needs. All PERS equipment shall have an internal battery that provides at least twenty-four hours of power without recharging and sends notification to the emergency response center when the battery's level is low. Equipment includes, but is not limited to:

- Wearable waterproof activation devices; and
- Devices that offer:
 - Voice-to-voice communication capability,
 - Visual indication of an alarm that may be appropriate if the consumer is hearing impaired, or
 - Audible indication of an alarm that may be appropriate if the consumer is visually impaired.

PERS does not include the following:

- Equipment such as a boundary alarm, a medication dispenser, a medication reminder, or any other equipment or home medical equipment or supplies, regardless of whether such equipment is connected to the PERS equipment.
- Stand-alone smoke or carbon monoxide detectors.
- Remote Telecare monitoring services, i.e., Health Status Measuring and Monitoring and Activity and Sensor Monitoring.
- Monthly telephone charges associated with the participant's phone service.

When previously approved equipment has been damaged as a result of misuse, abuse or negligence, the CHC-MCO will make the determination around the cost-effectiveness of repairing and/or replacing damaged equipment or providing the participant with additional supports.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is not covered in the State Plan. Participants can only receive PERS services when they meet eligibility criteria specified in accordance with Department standards, and the services are not covered under Medicare or other third-party resources.

The Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance

with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization.

The cost of training participants is included in the charges for installation or the monthly monitoring fee, depending upon how the CHC-MCO and/or provider structures their fee schedule. The maximum units per calendar year shall be one initial installation fee and 12 months of monthly monitoring service. The provider may not charge any additional costs over and above the installation and monthly monitoring fees.

The frequency and duration of this service is based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Vendors of Personal Emergency Response Systems
				Home Health Agency
				Durable Medical Equipment and Supply Company
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Vendors of Personal Emergency Response Systems			<ul style="list-style-type: none"> Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;

			<ul style="list-style-type: none"> • Have Commercial General Liability insurance; • All PERS installed shall be certified as meeting standards for safety and use, as may be promulgated by any governing body, including any electrical, communications, consumer or other standards, rules or regulations that may apply, including any applicable business license; and • Organization must have capacity to provide 24-hour coverage by trained professionals, 365 days/year. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; 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.
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities Subpart G. Chapter 601 and Subpart A Chapter 51	Certification as required by 42CFR Part 484	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;

			<ul style="list-style-type: none"> • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; 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.
Durable Medical Equipment and Supply Company			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;

			<ul style="list-style-type: none"> • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; 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.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Vendors of Personal Emergency Response Systems	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Durable Medical Equipment and Supply Company	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Home Health Aide Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Home Health Aide services are direct services prescribed by a physician in addition to any services furnished under the State Plan that are necessary, as specified by the service plan, to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The physician’s order must be obtained every sixty (60) days for continuation of service. The home health aide provider is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Nursing services authorized in the service plan.</p> <p>Home Health Aide services are provided by a home health aide who is supervised by a registered nurse. The registered nurse supervisor must reassess the participant’s situation in accordance with 55 PA Code Chapter 1249, §1249.54. Home Health Aide activities include, personal care, performing simple measurements and tests to monitor a participant’s medical condition, assisting with ambulation, assisting with other medical equipment and assisting with exercises taught by a registered nurse, licensed practical nurse or licensed physical therapist</p> <p>The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Home Health Aide services are provided under the waiver when the limits of the State Plan service under the approved State Plan are exhausted and the scope/nature of these service do not otherwise differ from the services furnished under the State Plan. The approved State Plan includes limits on the number of days per month the service can be provided. The provider qualifications in the waiver are the same qualifications specified in the State Plan.</p>	

In addition, Home Health Aide services may only be funded through the waiver when the services are not covered by Medicare or private insurance. This may be because Medicare or private insurance limitations have been reached, or the service is not covered under Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Home Health Care Aide services cannot be provided simultaneously with Personal Assistance Services, Adult Daily Living Services, or Respite Services.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Home Health Agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.	Certification as required by 42CFR Part 484	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State

			<p>statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Have Commercial General Liability insurance; and • Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; • Be supervised by a registered nurse; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Shall meet the requirements of 28 PA Code §601.35 specific to home health aide services. Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation
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			program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e) .
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed



Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Nursing Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Nursing services are direct services prescribed by a physician, in addition to any services under the State Plan, that are needed by the participant, as specified by the service plan, to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Nursing services must be performed by a Registered Nurse or Licensed Practical Nurse. 49 PA Code Chapter 21 (State Board of Nursing) provides the following service definition for the practice of professional nursing, "Diagnosing and treating human responses to actual or potential health problems through such service as case finding, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The term does not include acts of medical diagnosis or prescription of medical, therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board."</p> <p>Nursing Services must be ordered by a physician and are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in the state. The physician's order must be obtained every sixty (60) days for continuation of service. Nursing services are individual, and can be continuous, intermittent, or short-term based on individual's assessed need.</p> <ul style="list-style-type: none"> • Short-term or Intermittent Nursing — Nursing that is provided on a short-term or intermittent basis, not expected to exceed 75 units of service in a service plan year and are over and above services available to the participant through the State Plan • Long-term or Continuous Nursing — Long-term or continuous nursing is needed to meet ongoing assessed needs that are likely to require services in excess of 75 units per service 	

plan year, are provided on a regular basis and are over and above services available to the participant through the State Plan

The nurse is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Nursing services authorized in the service plan

The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Nursing services are provided under the waiver when the limits of the State Plan service under the approved State Plan are exhausted, and the scope/nature of these service do not otherwise differ from the services furnished under the state plan. The approved State Plan includes limits on the number of days per month the service can be provided. Long-term or Continuous Nursing services are not covered by the State Plan for adults. The provider qualifications in the waiver are the same qualifications specified in the State Plan.

In addition, nursing services may only be funded through the waiver when the services are not covered by Medicare or private insurance. This may be because Medicare or private insurance limitations have been reached, or the service is not covered under Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

Long-term or continuous nursing cannot be provided simultaneously with Personal Assistance Services, Adult Daily Living Services, Residential Habilitation Services or Respite Services. Short-term or intermittent nursing can be provided simultaneously with Residential Habilitation Services. The CHC-MCO may consider an exception to the limitation on long-term or continuous nursing and Residential Habilitation Services with documentation from the Service Coordinator that supports the participant's need to receive both services.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

		Individual. List types:	X	Agency. List the types of agencies:
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Provider Category(s) (check one or both):			Home Health Agency	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.	Certification as required by 42CFR Part 484	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • 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 have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; 	

			<ul style="list-style-type: none"> • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Shall meet the requirements of 28 PA Code §601.32 specific to nursing services. Successfully completed a State-established or other training program that meets the requirements of 49 PA Code Chapter 21 and a State licensure program that meets the requirements of Sec. 49 PA Code Chapter 21.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Physical Therapy Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Physical Therapy services are direct services prescribed by a physician, in addition to any services furnished under the State Plan, that assist participants in the acquisition, retention or improvement of skills necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Physical Therapy services must address an assessed need as documented in the participant’s service plan. Training caretakers and developing a home program for caretakers to implement the recommendations of the therapist are included in the provision of services. The physician’s order to reauthorize the service must be obtained every sixty (60) days for continuation of service. The therapist is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Physical Therapy services authorized in the service plan.</p> <p>Physical Therapy can be provided by a licensed physical therapist or physical therapist assistant as prescribed by a physician, and documented in the service plan. Per the Physical Therapy Practice Act (63 P.S. §1301 et seq.), physical therapy means, “the evaluation and treatment of any person by the utilization of the effective properties of physical measures such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, mobilization, and the use of therapeutic exercises and rehabilitative procedures including training in functional activities, with or without assistive devices, for the purpose of limiting or preventing disability and alleviating or correcting any physical or mental conditions, and the performance of tests and measurements as an aid in diagnosis or evaluation of function.”</p> <p>The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an</p>	

ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.

Services must be provided at a 1:1 ratio.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Physical Therapy services are provided under the waiver when the limits of the State Plan service under the approved State Plan are exhausted and the scope/nature of these service do not otherwise differ from the services furnished under the state plan. The approved State Plan includes limits on the number of days per month the service can be provided. The provider qualifications in the waiver differ from the qualifications specified in the State Plan. The waiver includes additional provider types not specified in the State Plan.

In addition, Physical Therapy services may only be funded through the waiver when the services are not covered by Medicare or private insurance. This may be because Medicare or private insurance limitations have been reached, or the service is not covered under Medicare or private insurance. Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Physical Therapist		Home Health Agency	
			Out-Patient or Community-Based Rehabilitation Agency	

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Home Health Agency	Licensed by the PA Department of Health, per 28 PA	Certification as required by 42CFR Part 484	<ul style="list-style-type: none"> Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;

	<p>Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.</p>		<ul style="list-style-type: none"> • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • 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 have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; • Have a valid driver's license from Pennsylvania or a contiguous state if
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			<p>the operation of a vehicle is necessary to provide the service; and</p> <ul style="list-style-type: none"> • Successfully completed a State-established or other training program that meets the requirements of 49 PA Code Chapter 40 and a State licensure program that meets the requirements of 49 PA Code Chapter 40.
<p>Out-Patient or Community-Based Rehabilitation Agency</p>		<p>Medicare Certification by PA Department of Health as required by 42CFR 485.701 through 485.729</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • 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 have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Successfully completed a State-established or other training program that meets the requirements of 49 PA Code Chapter 40 and a State licensure

			<p>program that meets the requirements of 49 PA Code Chapter 40;</p> <ul style="list-style-type: none"> • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Must hold an appropriate active license in the State of Pennsylvania; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; 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.
Physical Therapist	Licensed under PA Department of State, per 49 PA Code Chapter 40, including 40.53 pertaining to delegation of duties and use of assistants (Physical Therapy Licensing Board)		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies;

			<ul style="list-style-type: none"> • Be at least 18 years of age; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Out-Patient or Community-Based Rehabilitation Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Physical Therapist	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Occupational Therapy Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Occupational Therapy services are direct services prescribed by a physician, in addition to any services furnished under the State Plan, that assist participants in the acquisition, retention or improvement of skills necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Occupational Therapy services must address an assessed need documented in the participant’s service plan. Training caretakers and developing a home program for caretakers to implement the recommendations of the therapist are included in the provision of services. The physician’s order must be obtained every sixty (60) days for continuation of service. The therapist is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Occupational Therapy services authorized in the service plan.</p> <p>Occupational Therapy can be provided by a licensed occupational therapist or occupational therapy assistant in accordance with applicable State standards. The Occupational Therapy Practice Act (63 P.S. §1501 et seq.) defines occupational therapy as follows, “The evaluation of learning and performance skills and the analysis, selection and adaptation of activities for an individual whose abilities to cope with the activities of daily living, to perform tasks normally performed at a given stage of development and to perform essential vocational tasks which are threatened or impaired by that person’s developmental deficiencies, aging process, environmental deprivation or physical, psychological, injury or illness, through specific techniques which include: (1) Planning and implementing activity programs to improve sensory and motor functioning at the level of performance for the individual’s stage of development. (2) Teaching skills, behaviors and attitudes crucial to the individual’s independent, productive and satisfying social functioning. (3) The design, fabrication and application of splints, not to include prosthetic or orthotic devices, and the adaptation of equipment necessary to assist patients in adjusting to a potential or actual impairment</p>	

and instructing in the use of such devices and equipment. (4) Analyzing, selecting and adapting activities to maintain the individual’s optimal performance of tasks to prevent disability.”

The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.

Services must be provided at a 1:1 ratio.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Occupational Therapy services are provided under the waiver when the limits of the State Plan service under the approved State Plan are exhausted and the scope/nature of these service do not otherwise differ from the services furnished under the state plan. The approved State Plan includes limits on the number of days per month the service can be provided. The provider qualifications in the waiver differ from the qualifications specified in the State Plan. The waiver includes additional provider types not specified in the State Plan.

In addition, Occupational Therapy services may only be funded through the waiver when the services are not covered by Medicare or private insurance. This may be because Medicare or private insurance limitations have been reached, or the service is not covered under Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant’s service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s service plan.

Provider Specifications

Provider Category(s) (check one or both):	X	Individual. List types:	X	Agency. List the types of agencies:
		Occupational Therapist		Home Health Agency
				Out-Patient or Community-Based Rehabilitation Agency
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.	Certification as required by 42CFR Part 484	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • 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 have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;

			<ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Successfully completed a State-established or other training program that meets the requirements of 49 PA Code Chapter 42 and a State licensure program that meets the requirements of 49 PA Code Chapter 42.
<p>Out-Patient or Community-Based Rehabilitation Agency</p>		<p>Medicare Certification by PA Department of Health as required by 42CFR 485.701 through 485.729</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • 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 have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and

			<p>procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <ul style="list-style-type: none"> • Successfully completed a State-established or other training program that meets the requirements of 49 PA Code Chapter 42 and a State licensure program that meets the requirements of 49 PA Code Chapter 42; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Must hold an appropriate active license in the State of Pennsylvania; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; 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.
Occupational Therapist	Licensed under the PA Department of State, per 49 PA Code Chapter 42, including 42.22 pertaining to assistants (Occupational Therapy and Education Licensing Board)		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania;

			<ul style="list-style-type: none"> • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Out-Patient or Community-Based Rehabilitation Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Occupational Therapist	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Speech and Language Therapy Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Speech and Language Therapy services are direct services prescribed by a physician, in addition to any services furnished under the State Plan, that assist participants in the acquisition, retention or improvement of skills necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Speech and Language Therapy Services must address an assessed need as documented in the participant's service plan. Training caretakers and development of a home program for caretakers to implement the recommendations of the therapist are included in the provision of Speech and Language Therapy services. The physician's order to reauthorize the service must be obtained every sixty (60) days for continuation of service. The therapist is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Speech and Language Therapy services authorized in the service plan.</p> <p>Speech and Language Therapy services are provided by a licensed American Speech Language Hearing Associate or certified speech-language pathologist in accordance with applicable State standards including the evaluation, counseling, habilitation and rehabilitation of individuals whose communicative disorders involve the functioning of speech, voice or language, including the prevention, identification, examination, diagnosis and treatment of conditions of the human speech language system. Speech and Language Therapy services also include the examination for, and adapting and use of augmentative and alternative communication strategies.</p> <p>The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.</p>	

Services must be provided at a 1:1 ratio.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Speech and Language Therapy services are provided when the limits of the State Plan service under the approved State Plan are exhausted and the scope/nature of these service do not otherwise differ from the services furnished under the State Plan. The approved State Plan includes limits on the number of days per month the service can be provided. The provider qualifications in the waiver differ from the qualifications specified in the State Plan. The waiver includes additional provider types not specified in the State Plan.

In addition, Speech and Language Therapy services may only be funded through the waiver when the services are not covered by Medicare or private insurance. This may be because Medicare or private insurance limitations have been reached, or the service is not covered under Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Speech Therapist		Home Health Agency	
			Out-Patient or Community-Based Rehabilitation Agency	

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Home Health Agency	Licensed by the PA Department of Health, per 28 PA	Certification as required by 42CFR Part 484	<ul style="list-style-type: none"> Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;

	<p>Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.</p>		<ul style="list-style-type: none"> • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • 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 have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; • Have a valid driver's license from Pennsylvania or a contiguous state if
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			<p>the operation of a vehicle is necessary to provide the service; and</p> <ul style="list-style-type: none"> • Successfully completed a State-established or other training program that meets the requirements of 49 PA Code Chapter 45 and a State licensure program that meets the requirements of 49 PA Code Chapter 45.
<p>Out-Patient or Community-Based Rehabilitation Agency</p>		<p>Medicare Certification by PA Department of Health as required by 42CFR 485.701 through 485.729</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • 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 have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Successfully completed a State-established or other training program that meets the requirements of 49 PA Code Chapter 45 and a State licensure

			<p>program that meets the requirements of 49 PA Code Chapter 45;</p> <ul style="list-style-type: none"> • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Must hold an appropriate active license in the State of Pennsylvania; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; 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.
Speech Therapist	Licensed under the PA Department of State, per 49 PA Code Chapter 45 (Language and Hearing Examiner’s Board)		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies;

			<ul style="list-style-type: none"> • Be at least 18 years of age; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Out-Patient or Community-Based Rehabilitation Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Speech Therapist	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Assistive Technology
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Assistive Technology consists of devices and services which are intended to ensure the health, welfare, independence and safety of the participant and to increase, maintain or improve a participant's functioning in communication, self-help, self-direction, life-supports or adaptive capabilities.</p> <p>An Assistive Technology device is an item, piece of equipment or product system — whether acquired commercially, modified or customized — that is needed by the participant, as specified in the participant's person-centered service plan (PCSP) and determined necessary in accordance with the participant's assessment. Assistive Technology is intended to ensure the health, welfare, independence and safety of the participant and to increase, maintain or improve a participant's functioning in communication, self-help, self-direction, life-supports or adaptive capabilities.</p> <p>Assistive Technology services include support to a participant in the selection, acquisition or use of an Assistive Technology device. Training to utilize adaptations, modifications and devices is included in the purchase, as applicable. Independent evaluations conducted by a certified professional, not otherwise covered under the State Plan or other waiver services, may be reimbursed as a part of this service.</p> <p>Assistive Technology is limited to:</p> <ul style="list-style-type: none"> • Purchasing, leasing or otherwise providing for the acquisition of Assistive Technology devices for participants; • Selecting, designing, fitting, connecting, customizing, adapting, applying, maintaining, installing, programming, repairing or replacing Assistive Technology devices. Repairs are covered when it is more cost effective than purchasing a new device and the device or repairs are not covered under a warranty; 	

- Electronic systems that enable a participant with functional limitations and identified needs to control various appliances, lights, telephone, doors and security systems in their room, home or other surroundings;
- Electronic devices that assist a participant with communication or prompting needs such as tablets, computers and electronic communication aids;
- Training or technical assistance for the participant, or where appropriate, the participant's family members, paid caregivers and informal supports on the use of assistive technology;
- An independent evaluation of the Assistive Technology needs of a participant. This includes a functional evaluation of the Assistive Technology needs and appropriate services for the participant in his/her customary environment;
- Extended warranties;
- Ancillary supplies, software, mobile apps, hubs and equipment necessary for the proper functioning of Assistive Technology devices, such as replacement batteries and materials necessary to adapt low-tech devices. This includes applications for electronic devices that assist participants with a communication or prompting need identified through the independent evaluation or physician's prescription described below; and
- Generators to power life-sustaining equipment are covered for participants residing in private homes when the following has been documented: The generator purchased is the most cost-effective to ensure the health and safety of the participant; AND the participant's health and safety is dependent upon electricity as documented by a physician.

All items purchased through Assistive Technology shall meet the applicable standards of manufacture, design and installation.

If the participant receives Speech, Occupational or Physical Therapy or Behavior Support services that may relate to, or are impacted by, the use of the Assistive Technology, the Assistive Technology must be consistent with the participant's behavior support plan or Speech, Occupational or Physical Therapy service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Assistive Technology services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the State Plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.

This service excludes 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 as identified through the independent evaluation or physician’s prescription described below and be for the primary use of the participant.

Assistive Technology devices must be recommended by an independent evaluation or physician’s prescription. They will only be approved by the CHC-MCO when there is sufficient documentation in the independent evaluation or physician’s prescription that specifies the item is primarily used for a participant's specific therapeutic purpose and serves as a less costly alternative than other suitable devices and alternative methods.

Depending on the type of technology, and in accordance with professional scopes of practice and expertise, the independent evaluation may be conducted by a licensed occupational therapist; a speech, hearing or language therapist; a physical therapist; a certified assistive technology professional; or other certified professional meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Independent evaluations conducted by a certified professional as defined in the provider qualifications for this service, not otherwise covered under the State Plan or other waiver services, may be reimbursed as a part of this service.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided at the same time as services that contain elements integral to the delivery of this service.

This service does not include TeleCare services. Data plans are excluded from coverage.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
	Contractor		Durable Medical Equipment	
			Equipment, technology and modifications agency or specialist	
Specify whether the service may be provided by <i>(check each that applies):</i>	..	Legally Responsible Person	..	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>Durable Medical Equipment</p>		<p>Drug and Device Registration with the PA Dept. of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25.</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 • Meet enrolled provider participation requirements as described in Chapter 1101 Medical Assistance Provider participation requirement • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies • Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professionals must be a graduate of a Department approved Rehabilitation Science program that is certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North
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			<p>America; or have a degree in Rehabilitation Science , as defined by RESNA, with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance as required in Appendix C-2-b • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
Contractor			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles

			<p>owned, leased and/or hired when used as a component of the service</p> <ul style="list-style-type: none"> • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania (A company that the provider secures the item(s) from can be located anywhere) • Adhere to all applicable local and State codes • Have Commercial General Liability Insurance • Have Workers Compensation Insurance, in accordance with State statute
Equipment, technology and modifications agency or specialist			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 • Meet enrolled provider participation requirements as described in Chapter 1101

			<p>Medical Assistance Provider participation requirement</p> <ul style="list-style-type: none"> • Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professionals must be a graduate of a Department approved Rehabilitation Science program that is certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; or have a degree in Rehabilitation Science, as defined by RESNA, with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance as required in Appendix C-2-b • Have a valid driver's license from Pennsylvania or a contiguous
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			state if the operation of a vehicle is necessary to provide the service	
Provider Type:	Entity Responsible for Verification:		Frequency of Verification:	
Durable Medical Equipment	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Contractor	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Equipment, technology and modifications agency or specialist	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	..	Participant-directed as specified in Appendix E	X	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Home Adaptations
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Home Adaptations are physical adaptations to the private residence of the participant, as specified in the participant's person-centered service plan (PCSP) and determined necessary in accordance with the participant's assessment, to ensure the health, welfare and safety of the participant, and enable the participant to function with greater independence in the home. This includes primary egress into and out of the home, facilitating personal hygiene, and the ability to access common shared areas within the home.</p> <p>Home Adaptations consist of installation, repair, maintenance, permits, necessary inspections, and extended warranties for the adaptations.</p> <p>Adaptations to a household are limited to the following:</p> <ul style="list-style-type: none"> • Ramps from street, sidewalk or house • Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the health, welfare and safety of the participant • Vertical lifts only when vertical lifts and installation are not covered under the MA State Plan • Track lift systems. A track lift system involves the installation of a "track" in the ceiling for moving a participant with a disability from one location to another. (Note: Portable lift systems are not considered home adaptations and are covered by the MA State Plan or the Specialized Medical Equipment and Supplies service in this waiver.) • Handrails and grab-bars in and around the home 	

- Accessible alerting systems for smoke/fire/carbon monoxide for participants with sensory impairments. Service Coordinators must first seek these types of alert systems from local municipalities and/or fire departments.
- Outside railing to safely access the home
- Widened doorways, landings and hallways
- Swing-clear and expandable offset door hinges
- Flush entries and leveled thresholds
- Slip resistant flooring
- Kitchen counter, sink, and other cabinet modifications (including brackets for appliances). These types of adaptations will be considered only when the participant will be preparing their own meals, or the adaptation reduces the participant's dependence upon another person.
- Bathroom adaptations for bathing, showering, toileting and personal care needs
- Stair gliders and stair lifts only when stair gliders, stair lifts and installation are not covered under the MA State Plan. A stair lift is a chair or platform that travels on a rail, installed to follow the slope and direction of a staircase, which allows a user to ride up and down stairs safely
- Raised electrical switches and sockets
- Other adaptations, subject to CHC-MCO approval, to address specific assessed needs as identified in the service plan

All adaptations to the home shall be provided in accordance with applicable state or local building codes. In addition, the contractor is responsible for ensuring the dwelling is structurally sound and can accommodate the proposed modification prior to commencing any modifications.

Home Adaptations shall meet standards of manufacture, design and installation.

Home Adaptations must be an item of modification that the family would not be expected to provide to a family member without a disability or specialized needs.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Wheelchair lifts, stair glides, ceiling lifts, and metal accessibility ramps are covered by the State Plan, along with installation of the equipment or appliance. Other home adaptations in this service specification are not covered in the State Plan. Home Adaptations may only be funded through the waiver when the services are not covered by a responsible third-party, such as Medicare or private insurance, and when all other payors and community resources, such as local fire departments, churches, and civic organizations have been exhausted. Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the

service plan. Documentation in accordance with OLTL requirements must be maintained in the participant's file by the Service Coordinator and updated with each authorization.

This service does not include, but requires, an independent evaluation. Depending on the type of adaptation, and in accordance with their scopes of practice and expertise, the independent evaluation must be conducted by an occupational therapist or a physical therapist meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Such assessments may be covered through another waiver service, as appropriate.

Depending on the complexity of the home adaptation, the independent evaluation by an occupational therapist or a physical therapist may be supplemented with an assessment by individuals holding the following certifications: Certified Environmental Access Consultant (C.E.A.C.), Certified Living in Place Professional (CLIPP) or Executive Certificate in Home Modifications. Assessors with these certifications must have at least two years of experience assessing home adaptations for older adults or individuals with disabilities.

Home Adaptations included in the service plan and begun while the person was institutionalized are not considered complete and may not be billed until the date the participant leaves the institution and enters the waiver.

Home adaptations must be obtained in the least expensive, most cost-effective manner. Adaptations will not be approved if the home is in foreclosure, delinquent tax status, is not structurally sound, or the adaptation presents a safety concern based on applicable state and local building codes. Rent-to-purchase vertical lifts and stair glides may be rented provided the rental cost does not exceed the purchase price. When long-term use by the participant is expected or when rental is anticipated to exceed the cost of purchase, the equipment will be purchased for the participant or a permanent home adaptation will be considered.

Building a new room is excluded. Specialized Medical Equipment and Supplies is excluded. Also excluded are those adaptations or improvements to the home that are of general maintenance and upkeep and are not of direct medical or remedial benefit to the participant this includes items that are not up to code. Adaptations that add to the total square footage of the home are excluded from this benefit, except when necessary for the addition of an accessible bathroom when the cost of adding the bathroom is less than retrofitting an existing bathroom. Finally, the state will not pay for duplicate modifications to the same residence, or elevator installation, repair or maintenance. Service Coordinators are responsible for helping participants explore all other sources, such as homeowner's insurance, landlord/property owner's insurance, and community resources, when participants need assistance covering general maintenance and upkeep to the home.

Materials and equipment must be based on the participant's need as documented in the PCSP.

Adaptations at rental properties must meet the following:

- there is a reasonable expectation that the participant will continue to live in the home;
- written permission is secured from the property owner for the adaptation, including that there is no expectation that waiver funds will be used to return the home to its original state;
- the landlord will not increase the rent because of the adaptation.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service. This service may not be provided to participants receiving Residential Habilitation or residing in Assisted Living Residences or Domiciliary Care Homes.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Contractor		Contractor	
			Durable Medical Equipment Provider	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Contractor	Licensed in accordance with the requirements of the local jurisdiction, as required by trade.		All services shall be provided in accordance with applicable State or local building codes. Providers shall possess a current license to do business issued in accordance with the laws of the local jurisdiction and shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance and where applicable shall also be authorized by the manufacturer to install, repair and maintain such modifications/adaptations. Home

			<p>modifications must meet life/safety and building codes and be inspected by the appropriate authority when required. Contractors must be conflict free and cannot have a vested interest in the property that is being modified.</p> <p>In addition, providers shall:</p> <ul style="list-style-type: none"> • Have or demonstrate knowledge about design, construction, and costs of accessibility modifications. • Have experience in Americans with Disabilities Act compliance standards and design. • Comply with 55 PA Code 1101 and have a waiver provider agreement. • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications. • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service. • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies. • Have Commercial General Liability insurance. • 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
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			<p>behavioral needs, if applicable, and demonstrate the ability to work successfully with people with disabilities and the elderly, and their families.</p> <ul style="list-style-type: none"> • All Home Adaptations installed shall be certified as meeting standards for safety and use, as may be promulgated by any governing body, including any electrical, communications, consumer or other standards, rules or regulations that may apply. • Providers with a waiver service location in states contiguous to Pennsylvania must have a comparable license. • Providers must be in compliance with and knowledgeable of the Pennsylvania Home Improvement Consumer Protection Act and other applicable standards. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs, if applicable.
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			<ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance as required in Appendix C-2-b • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
Durable Medical Equipment Provider		Drug and Device Registration with the PA Dept. of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25.	<p>Providers shall be authorized by the manufacturer to install, repair and maintain modifications/adaptations. Home modifications must meet life/safety and building codes and be inspected by the appropriate authority when required.</p> <p>In addition, providers shall:</p> <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to

			<p>meet the unique needs of the participant; for example, communication, mobility and behavioral needs, if applicable.</p> <ul style="list-style-type: none"> • All Home Adaptations installed shall be certified as meeting standards for safety and use, as may be promulgated by any governing body, including any electrical, communications, consumer or other standards, rules or regulations that may apply • Organizations must have capacity to provide 24-hour coverage by trained professionals, 365 days/year <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance as required in Appendix C-2-b • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
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Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification:	
Contractor	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Durable Medical Equipment	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Specialized Medical Equipment and Supplies
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Specialized Medical Equipment and Supplies are services or items that provide direct medical or remedial benefit to the participant and are directly related to a participant’s disability. These services or items are necessary to ensure health, welfare and safety of the participant and enable the participant to function in the home and community with greater independence. This service is intended to enable participants to increase, maintain, or improve their ability to perform activities of daily living. Specialized Medical Equipment and Supplies are specified in the participant’s service plan and determined necessary in accordance with the participant’s assessment.</p> <p>Specialized Medical Equipment and Supplies includes:</p> <ul style="list-style-type: none"> Devices, controls or appliances, specified in the service plan, that enable participants to increase, maintain or improve their ability to perform activities of daily living Equipment repair and maintenance, unless covered by the manufacturer warranty Items that exceed the limits set for Medicaid State plan covered services Rental Equipment. In certain circumstances, needs for equipment or supplies may be time limited. The Service Coordinator must initially verify that the rental costs cannot be covered by the State Plan. If the State Plan does not cover the rental for the particular piece of equipment needed, then the cost of the rental can be funded through Specialized Medical Equipment and Supplies <p>Non-Covered Items:</p> <ul style="list-style-type: none"> All prescription and over-the-counter medications, compounds and solutions (except wipes and barrier cream) Items covered under third party payer liability Items that do not provide direct medical or remedial benefit to the participant and/or are not directly related to a participant’s disability 	

- Food, food supplements, food substitutes (including formulas), and thickening agents;
- Eyeglasses, frames, and lenses;
- Dentures
- Any item labeled as experimental that has been denied by Medicare and/or Medicaid
- Recreational or exercise equipment and adaptive devices for such

All items shall meet applicable standards of manufacture, design and installation.

If the participant receives Speech, Occupational, or Physical Therapy or Behavior Support services that may relate to, or are impacted by, the use of the Specialized Medical Equipment and Supplies, the Specialized Medical Equipment and Supplies must be consistent with the participant's behavior support plan or Speech, Occupational or Physical Therapy service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Specialized Medical Equipment and Supplies services are provided when the limits of the State Plan service under the approved State Plan are exhausted and the scope/nature of these service do not otherwise differ from the services furnished under the state plan. The approved State Plan includes requirements for prior authorization on items above a specific cost and includes limitations for oxygen and related equipment. The provider qualifications in the waiver differ from the qualifications specified in the State Plan. The waiver includes additional provider types not specified in the State Plan.

In addition, Specialized Medical Equipment and Supplies may only be funded through the waiver when the services are not covered by a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the State Plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.

This service does not include, but requires, an independent evaluation and a physician's prescription. The independent evaluation must be conducted by a licensed occupational therapist; a speech, hearing or language therapist; or a physical therapist meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Such assessments may be covered through one of the following services offered through the waiver: Physical Therapy, Occupational Therapy, or Speech Therapy, or the State Plan as appropriate.

Hearing Aids require, but this service does not cover, an evaluation conducted by a physician certified by the American Board of Otolaryngology (ear, nose, and throat physician). Hearing aids must be purchased and fitted by a Pennsylvania registered hearing aid fitter, licensed audiologist, or licensed physician associated with a registered hearing aid dealer.

Hearing aid purchases are limited to once every three years.

Specialized Medical Equipment and Supplies exclude Assistive Technology.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Hearing Aid Dealer		Durable Medical Equipment	
			Pharmacy	
			Hearing Aid Dealer	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Durable Medical Equipment		Drug and Device Registration with the PA Department of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the

			<p>participant; for example, communication, mobility and behavioral needs</p> <ul style="list-style-type: none"> • Meet enrolled provider participation requirements as described in Chapter 1101 Medical Assistance Provider participation requirement • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies • Assessment performed as necessary by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professionals must be a graduate of a Department approved Rehabilitation Science program that is certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; or have a degree in Rehabilitation Science, as defined by RESNA, with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to,
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			<p>communication, mobility, and behavioral needs</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance as required in Appendix C-2-b • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
Pharmacy	Permit to conduct a pharmacy, under 49 PA Code, Part I, Subpart A. Chapter 27		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies <p>Individuals working for or contracted with agencies must meet the following standards:</p>

			<ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance as required in Appendix C-2-b • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
Registered Hearing Aid Dealer		<u>Certified by the PA Department of Health under 28 Pa. Code Ch. 25, SubChapter B Hearing Aid Sales and Registration</u>	<ul style="list-style-type: none"> • Employ a licensed physician, licensed audiologist, or registered hearing aid fitter qualified by PA Department of Health to sell and fit hearing aids • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies

			<ul style="list-style-type: none"> • Have Commercial General Liability insurance • 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 • Meet enrolled provider participation requirements as described in Chapter 1101 Medical Assistance Provider participation requirement • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility, and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance as required in Appendix C-2-b • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
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Provider Type:	Entity Responsible for Verification:	Frequency of Verification:
Durable Medical Equipment	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Pharmacy	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Hearing Aid Dealer	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Service Delivery Method		
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Vehicle Modifications
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Vehicle Modifications are modifications or alterations to an automobile or van that is the participant’s means of transportation in order to accommodate the special needs of the participant. Vehicle Modifications are modifications needed by the participant, as specified in the service plan and determined necessary in accordance with the participant’s assessment, to ensure the health, welfare and safety of the participant, and enable the participant to function in the home and community with greater independence and integrate more fully into the community. The vehicle that is modified may be owned by the participant, a family member with whom the participant lives, or a non-relative who provides primary support to the participant and is not a paid provider agency of services.</p> <p>The following are specifically excluded:</p> <ul style="list-style-type: none"> • Modifications or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the participant, and • Regularly scheduled upkeep and maintenance of a vehicle, including warranties that cover the entire vehicle, except upkeep and maintenance of the modifications. <p>The waiver cannot be used to purchase chassis for participants, their families or legal guardians; however, this service can be used to fund the portion of a new or used vehicle purchase that relates to the cost of accessibility adaptations. In order to fund these types of adaptations, a clear breakdown of purchase price versus adaptation is required to be provided by a vehicle modifications contractor.</p> <p>Vehicle Modifications funded through the waiver are limited to the following:</p> <ul style="list-style-type: none"> • Vehicular lifts; 	

- Portable ramps when the sole purpose of the ramp is for the participant to access the vehicle;
- Interior alterations to seats, head and leg rests, and belts;
- Customized devices necessary for the participant to be transported safely in the community, including tie-downs and wheelchair docking systems;
- Driver control devices, including hand controls and pedal adjusters;
- Modifications needed to accommodate a participant’s special sensitivity to sound, light or other environmental conditions;
- Raising the roof or lowering the floor to accommodate wheelchairs; and
- The vehicle must be less than 5 years old and have less than 50,000 miles for vehicle modification requests over \$3,000.

All Vehicle Modifications shall meet applicable standards of manufacture, design and installation.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

A vehicle is required to have passed all applicable State standards.
 This service does not include, but requires, an independent evaluation.
 Vehicle Modifications must be obtained in the least expensive, most cost-effective manner.
 Participants receiving Vehicle Modifications cannot be authorized for Residential Habilitation services during the same time period.
 Depending on the type of modification, and in accordance with their scopes of practice and expertise, the independent evaluation may be conducted by a licensed occupational therapist, physical therapist or Mobility Specialist meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Such assessments may be covered through another waiver service or the State Plan, as appropriate.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Vehicle Modifications Contractor
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>Vehicle Modifications Contractor</p>		<p>Quality Assurance Program (QAP) Accreditation by the National Mobility Equipment Dealers Association (NMEDA).</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 • Adhere to all applicable local and State codes <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility, and behavioral needs
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			<ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance as required in Appendix C-2-b • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification:
Vehicle Modifications Contractor	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	Participant-directed as specified in Appendix E	X	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Respite
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Respite services are provided to support individuals on a short-term basis due to the absence or need for relief of unpaid caregivers normally providing care. Federal and state financial participation through the waivers is limited to: 1) Services provided for individuals in their own home, or the home of relative, friend, or other family, or 2) Services provided in a Medicaid certified Nursing Facility. Room and board costs associated with Respite Services that are provided in a facility approved (licensed or accredited) by the state that is not a private residence are reimbursable. Respite Services furnished in a participant's home are provided in quarter hour units. Respite Services may also be provided in a long-term care facility on a per diem basis. Respite Services may be provided by a relative or family member as long as the relative or family member is not a legal guardian, power of attorney, or reside in the home.</p> <p>The state will demonstrate compliance with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021 in accordance with the Good Faith Exemption granted by the Centers for Medicare and Medicaid Services and home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Respite Services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.</p> <p>Room and board costs are excluded from Respite Services when the service is provided in a setting that is not facility-based and approved by the state.</p>	

Individuals are authorized for up to 14 consecutive days in an institutional facility. However, this may be increased up to 29 consecutive days, based on need and with the prior approval of the CHC-MCO.

In-home Respite Services cannot be provided simultaneously with Home Health Aide, Personal Assistance Services or Residential Habilitation.

The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s service plan.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individual Respite Worker		Home Health Agency
				Home Care Agency
				Medicaid Certified Nursing Facility
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Relative

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.	Certification as required by 42CFR Part 484	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • 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

			<p>the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; • Be supervised by a registered nurse; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e).
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<p>Home Care Agency</p>	<p>Licensed by the PA Department of Health, per 28 PA Code Chapter 611 (Home Care Agencies and Home Care Registries)</p>		<p>Agency:</p> <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; • Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and • Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 611.55 under Title 28, Part IV Subpart H of the Health Care Facilities Act;
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			<ul style="list-style-type: none"> • Have the required skills to perform services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; • Have a child abuse clearance as required in Appendix C-2-b; 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.
Medicaid Certified Nursing Facility	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities Subpart A Chapter 51, and Subpart B. Chapter 201.	Certification as required by specific profession or discipline, per 42CFR Part 484	
Individual Respite Worker			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;

			<ul style="list-style-type: none"> • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Be 18 years of age or older; • Possess basic math, reading, and writing skills; • Possess a valid Social Security number; • Submit to a criminal record check; • Have a child abuse clearance as required in Appendix C-2-b; • Have the required skills to perform Respite Services as specified in the participant's service plan; • Complete any necessary pre/in-service training related to the participant's service plan; • Agree to carry-out outcomes included in the participant's service plan; and • Be able to demonstrate the capability to perform health maintenance activities specified in the participant's service plan or receive necessary training.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Home Care Agency	OLTL or its designee	At time of enrollment and revalidation or more

		frequently when deemed necessary by the Department.
Medicaid Certified Nursing Facility	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Individual Respite Worker	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Service Delivery Method		
Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E
	X	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Cognitive Rehabilitation Therapy Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Cognitive Rehabilitation Therapy (CRT) services are a systematic, goal-oriented approach designed to improve cognitive functioning by reinforcing, strengthening, or reestablishing previously learned patterns of behavior, or establishing new patterns of cognitive activity or compensatory mechanisms for impaired neurological systems. Treatments may be focused on improving a particular cognitive domain such as attention, memory, language, or executive functions.</p> <p>Through CRT, the participant utilizes methods that aim to help make the most of existing cognitive functioning through various methods, including guided practice on tasks that reflect particular cognitive functions, development of skills to help identify distorted beliefs and thought patterns, and strategies for taking in new information, such as the use of memory aids and other assistive devices. The goal for the participant receiving CRT is to achieve an awareness of their cognitive limitations, strengths, and needs and acquire the awareness and skills in the use of functional compensations necessary to increase the quality of life and enhance their ability to live successfully in the community. CRT services do not pay for equipment. Depending on the participant’s need, equipment may be provided under another waiver service, such as Assistive Technology.</p> <p>This service may include consultation, ongoing counseling, coaching and cueing, training family members/staff, providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual’s home or in the community as described in the service plan.</p> <p>Services are provided by a licensed occupational therapist, licensed psychologist, licensed social worker, licensed professional counselor, licensed speech and language therapist, or a home health agency that employs them. Licensed Certified Occupational Therapy Assistants (COTA/L) and individuals with a bachelor’s or master’s degree in an allied rehabilitation field as defined by the Society for Cognitive Rehabilitation who are not licensed or certified may practice under the supervision of a practitioner who is licensed as listed above.</p>	

An individual seeking CRT services is required to receive an independent neuropsychological or neurobehavioral assessment; CRT shall be provided in accordance with the plan of care developed by the assessor. The plan of care must include frequency and duration of service. The assessment is provided through the Medicaid State plan and is not included under this waiver.

Services must be provided at a 1:1 ratio.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Cognitive Rehabilitation Therapy is not a State Plan service. Services may only be funded through the waiver when the service is not covered by another responsible third party, such as Medicare or private insurance, unless the required expertise and experience specific to the disability is not available through another responsible third party. This may be because the Medicare or insurance limitations have been reached, or the service is not covered under Medicare or private insurance, or the provider does not have the expertise or experience specific to the disability.

The Service Coordinator is responsible for verifying and documenting in the participant's file that responsible third-party limitations have been exhausted or that the third-party provider does not have the expertise or experience specific to the disability prior to funding services through the waiver. Documentation must be maintained in the individual's file by the Service Coordinator. This documentation must be updated annually.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Occupational Therapist		Home Health Agency
		Licensed psychologist		
		Licensed social worker		
		Licensed professional counselor		
		Speech and Language Therapist		

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Speech and Language Therapist	Licensed under the PA Department of		<ul style="list-style-type: none"> Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;

	State, per 49 PA Code Chapter 45 (Language and Hearing Examiner’s Board)		<ul style="list-style-type: none"> • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required by Appendix C-2-b.
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51	Certification as required by 42CFR Part 484	Agency: <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;

			<ul style="list-style-type: none"> • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; • Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and • Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 611.85 under Title 28, Part IV Subpart H of the Health Care Facilities Act; • Complete training or demonstrate competency by passing a competency test as outlined in Section 601.33 and 601.34 under Title 28, Part IV Subpart G of the Health Care Facilities Act.” • Have the required skills to perform services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan;
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			<ul style="list-style-type: none"> • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; • Have a child abuse clearance as required in Appendix C-2-b; 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.
Occupational Therapist	Licensed under the PA Department of State, per 49 PA Code Chapter 42, including 42.22 pertaining to assistants (Occupational Therapy and Education Licensing Board)		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to,

			<p>communication, mobility and behavioral needs;</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.
Licensed Psychologist	Licensed by the State Board of Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; and • Comply with all Department standards related to provider qualifications.

<p>Licensed Social Worker</p>	<p>Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49</p>		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.
<p>Licensed Professional Counselor</p>	<p>Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49</p>		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;

			<ul style="list-style-type: none"> • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Occupational Therapist	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Licensed Psychologist	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Licensed Social Worker	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Licensed Professional Counselor	OLTL or its designee	At time of enrollment and revalidation or more

		frequently when deemed necessary by the Department.		
Speech and Language Therapist	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Counseling Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Counseling Services are services that assist individuals to improve functioning and independence and are necessary to improve the individual’s inclusion in their community. The service may include assessing the individual, developing a home support plan, providing ongoing counseling, training family members/staff, providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual’s home or in the community as described in the service plan.</p> <p>Counseling services are non-medical counseling services provided to participants in order to resolve individual or social conflicts and family issues such as assisting the individual to develop and maintain positive support networks, how to improve personal relationships, or how to improve communication with family members or others. While counseling services may include family members, the counseling must be on behalf of the participant and documented in his/her service plan. Counseling for unpaid caregivers must be aimed at assisting the unpaid caregiver in understanding and meeting the needs of the participant and be documented in his/her service plan.</p> <p>Services are provided by a licensed psychologist, licensed social worker, licensed professional counselor, or a home health agency that employs them.</p> <p>Counseling Services do not include group counseling serving multiple participants.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Mental Health and Drug and Alcohol Counseling Services are available under the Medicaid State Plan for individuals who have a mental health or substance abuse diagnosis. The State Plan has additional provider types for Mental Health Counseling compared to Counseling Services under the CHC Waiver. Drug and Alcohol Counseling under the State Plan requires providers to have competency in the area of chemical dependency, which is not a requirement for Counseling Services in the CHC Waiver.</p>	

Participants must access State Plan services, including Outpatient Psychiatric Clinic Services, Outpatient Drug and Alcohol Services and services through the Behavioral Health Managed Care Organizations before accessing Counseling Services through the CHC Waiver. Counseling Services are accessible through the CHC Waiver only when a mental health or substance abuse diagnosis is not present or the services under the State Plan are deemed to not be medically necessary.

In addition, Counseling Services may only be funded through the waiver when the service is not covered by a responsible third party, such as Medicare or private insurance. This may be because the Medicare or insurance limitations have been reached, or the service is not covered, or the provider does not have the expertise or experience specific to the disability.

The Service Coordinator is responsible for verifying and documenting in the participant’s file that the participant does not qualify for Medicaid State Plan services and/or that Medicare and private insurance limitations have been exhausted. Documentation must be maintained in the individual’s file by the Service Coordinator. This documentation must be updated annually.

The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
		Licensed Psychologist		Home Health Agency
		Licensed Social Worker		
		Licensed Professional Counselor		

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Licensed Psychologist	Licensed by the State Board of Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;

			<ul style="list-style-type: none"> • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; and • Comply with all Department standards related to provider qualifications.
Licensed Social Worker	Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State

			<p>statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.
Licensed Professional Counselor	Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.

<p>Home Health Agency</p>	<p>Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51</p>	<p>Certification as required by 42CFR Part 484</p>	<p>Agency:</p> <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; • Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and • Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 601.33 and 601.34 under Title 28, Part IV Subpart G of the Health Care Facilities Act;
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			<ul style="list-style-type: none"> • Have the required skills to perform services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; • Have a child abuse clearance as required in Appendix C-2-b; 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.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed Psychologist	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Licensed Social Worker	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Licensed Professional Counselor	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Nutritional Consultation Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Nutritional Consultation services are services that assist individuals to improve functioning and independence and are necessary to improve the individual’s inclusion in their community. Services are provided by professionals and/or paraprofessionals in nutritional counseling. The service may include initial assessment and reassessment, the development of a home treatment/support plan, training and technical assistance to carry out the plan, and monitoring of the participant, caregiver and any providers in the implementation of the plan. This service may be delivered in the individual’s home or in the community as described in the service plan.</p> <p>Nutritional Consultation assists the participant and/or their paid and unpaid caregivers in developing a diet and planning meals that meet the participant’s nutritional needs, while avoiding any problem foods that have been identified by a physician. Services include counseling performed by a Registered Dietitian or a Certified Nutrition Specialist. The purpose of Nutritional Consultation services is to improve the ability of participants, paid and/or unpaid caregivers and providers to carry out nutritional interventions. Nutritional Counseling services are limited to 90-minutes (6 units) of nutritional consultations per month. Home Health Agencies that employ licensed and registered dietitians may provide nutritional counseling.</p> <p>This service requires a recommendation by a physician.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
This service is not covered in the State Plan.	
<p>Nutritional Consultation Services may only be funded through the waiver when the service is not covered by another responsible third party, such as Medicare or private insurance. This may be because the Medicare or insurance limitations have been reached, or the service is not covered under Medicare or private insurance.</p>	

The Service Coordinator is responsible for verifying and documenting in the participant's file that private insurance limitations have been exhausted or that the private insurance provider does not have the expertise or experience specific to the disability prior to funding services through the waiver. Documentation must be maintained in the individual's file by the Service Coordinator. This documentation must be updated annually.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
	Registered Dietitian or Certified Nutrition Specialist		Home Health Agency	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Registered Dietitian or a Certified Nutrition Specialist	Licensed by the PA State Board of Dietitian-Nutritionists, per 49 PA Code Chapter 21, subchapter G		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age;

			<ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; and • Title 49 PA Code Ch. 21 Subchapter G relates to the general provisions, licensure requirements and the responsibilities of the licensed dietician-nutritionist issued under sections 2.1(k) and 11(c) of the Professional Nursing Law (63 P. S. § 212(k) and 221(c).
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51	Certification as required by 42CFR Part 484	Agency: <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; • Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and • Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21.

			<p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 601.6 under Title 28, Part IV Subpart G of the Health Care Facilities Act; • Be a Registered Dietician or Certified Nutrition Specialist licensed by the PA State Board of Dietitian-Nutritionists, per 49 PA Code Chapter 21, subchapter G • Have the required skills to perform services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; • Have a child abuse clearance as required in Appendix C-2-b; 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.
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Verification of Provider Qualifications		
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Provider Type:	Entity Responsible for Verification:	Frequency of Verification
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Registered Dietitian	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.		
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Behavior Therapy Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Behavior Therapy services are services that assist individuals to improve functioning and independence and are necessary to improve the individual’s inclusion in their community. Services include the completion of a functional behavioral assessment; the development of an individualized, comprehensive behavioral support plan, and the provision of training to individuals, family members and direct service providers. Services include consultation, monitoring the implementation of the behavioral support plan and revising the plan as necessary. This service may be delivered in the individual’s home or in the community as described in the service plan.</p> <p>Behavior Therapy services are provided by professionals and/or paraprofessionals in behavior management, including a licensed psychologist, licensed social worker, licensed behavior specialist, licensed professional counselor, or a home health agency that employs them. Individuals with a master’s degree in social work, psychology, education, counseling, or a related human services field who are not licensed or certified may practice under the supervision of a practitioner who is licensed.</p> <p>Services must be provided at a 1:1 ratio.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Behavior Therapy Services are not covered for adults under the Medicaid State Plan; however, if there is a mental health or substance abuse diagnosis, including adjustment disorder, the State Plan offers other services to treat participants. Behavior Therapy Services are utilized through the CHC Waiver only when a mental health or substance abuse diagnosis is not present or the services available under the State Plan are not appropriate to treat the participant’s condition. Participants must access State Plan services, including Outpatient Psychiatric Clinic Services, Outpatient Drug and Alcohol Services and services through the Behavioral Health Managed Care Organizations if the services are appropriate to treat the participant’s condition before accessing Behavior Therapy services through the CHC Waiver.</p>	

In addition, Behavior Therapy Services may only be funded through the waiver when the service is not covered by a responsible third party, such as Medicare or private insurance. This may be because Medicare or insurance limitations have been reached, the service is not covered, or the provider does not have the expertise or experience specific to the disability.

The Service Coordinator is responsible for verifying and documenting in the participant's file that the participant does not qualify for or the services are not appropriate under the Medicaid State Plan and/or that Medicare and private insurance limitations have been exhausted. Documentation must be maintained in the individual's file by the Service Coordinator. This documentation must be updated annually.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
	Licensed Behavior Specialist Licensed Psychologist Licensed Social Worker Licensed Professional Counselor		Home Health Agency	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Licensed Psychologist	Licensed by the State Board of Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;

			<ul style="list-style-type: none"> • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; and • Comply with all Department standards related to provider qualifications.
Licensed Social Worker	Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;

			<ul style="list-style-type: none"> • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.
Licensed Professional Counselor	Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.

<p>Licensed Behavior Specialist</p>	<p>Licensed by the State Board of Medicine, per 49 Pa, Code §§ 18.521 - 18.527</p>		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance as required in Appendix C-2-b.
<p>Home Health Agency</p>	<p>Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51</p>	<p>Certification as required by 42CFR Part 484</p>	<p>Agency:</p> <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;

			<ul style="list-style-type: none"> • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; • Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and • Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 601.34 under Title 28, Part IV Subpart G of the Health Care Facilities Act; • Have the required skills to perform services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number;
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			<ul style="list-style-type: none"> • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; • Have a child abuse clearance as required in Appendix C-2-b; 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.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed Psychologist	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Licensed Social Worker	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Licensed Professional Counselor	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Licensed Behavior Specialist	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Adult Daily Living
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Adult Daily Living services are designed to assist participants in meeting, at a minimum, personal care, social, nutritional and therapeutic needs. Adult Daily Living services are necessary, as specified by the service plan, to enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>This service will be provided to meet the participant’s needs as determined by the assessment performed in accordance with Department requirements and as outlined in the participant’s service plan.</p> <p>Adult Daily Living services are generally furnished for four (4) or more hours per day on a regularly scheduled basis for one or more days per week, or as specified in the service plan, in a non-institutional, community-based center encompassing both health and social services needed to ensure the optimal functioning of the participant.</p> <p>Adult Daily Living includes two components:</p> <ul style="list-style-type: none"> • Basic Adult Daily Living services • Enhanced Adult Daily Living services. <p>Basic Adult Daily Living services are comprehensive services provided to meet the needs noted above in a licensed center. Per Subchapter A, and 11.123 Core Services, the required core services for these settings include personal assistance, nursing in accordance with regulation, social and therapeutic services, nutrition and therapeutic diets and emergency care for participants. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day). Basic Adult Daily Living services can be provided as either a full day or a half day. The individual’s service plan initiates and directs the services they receive while at the center.</p> <p>In addition to providing Basic Adult Daily Living services, Enhanced Adult Daily Living services must include the following additional service elements:</p>	

- **Nursing Requirement:** The Enhanced Adult Daily Living provider shall directly provide, contract for, or otherwise arrange for nursing services. In addition to the requirements found in the Older Adult Daily Living Center (OADLC) Regulations § 11.123 (2), a Registered Nurse (RN) must be available on-site one (1) hour weekly for each enrolled waiver participant. At a minimum, each waiver participant must be observed every other week by the RN with the appropriate notations recorded in the participant's service plan, with the corresponding follow-ups being made with the participant, family, or physician.
- **Staff to Participant Ratio:** Staffing of OADLC providing Enhanced services will be at a staff to participant ratio of 1:5.
- **Operating Hours:** To be eligible for the minimum rate associated with Enhanced Services, the OADLC must be open a minimum of eleven (11) hours daily during the normal work week. A normal work week is defined as Monday through Friday. (If open on a Saturday or Sunday the eleven-hour requirement is not in effect for the weekend days of operation.)
- The guidelines for the required specialized services for the OADLC provider to include physical therapy, occupational therapy, speech therapy, and medical services can be found in Subchapter B, § 11.402.
- Enhanced Adult Daily Living services can be provided as either a full day or a half day.
- Adult Daily Living providers that are certified as Enhanced receive the Enhanced full day or Enhanced half day rate for all participants attending the Enhanced center.

As necessary, Adult Daily Living may include assistance in completing activities of daily living and instrumental activities of daily living. This service also includes assistance with medication administration and the performance of health-related tasks to the extent State law permits.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is not covered in the State Plan. Adult Daily Living services may only be funded through the waiver when the services are not covered by another responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.

Adult Daily Living services with transportation cannot be provided simultaneously with Non-Medical Transportation.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan. Providers may bill for one (1) day when Basic or Enhanced Adult Daily Living services are provided for four (4) or more hours in a day. Providers must bill for a half day when Basic or Enhanced services are provided for fewer than four (4) hours in a day.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Older Adult Daily Living Center
				Adult Day Center
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Older Adult Daily Living Center	Meet licensing regulations under Title 6 PA Code, Chapter 11, Subchapter A		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Comply with 42 CFR §441.301(c)(4) and (5) specific to allowable settings for home and community-based waiver services; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • 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

			<p>the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Have a minimum of 1 year of experience providing care to an individual with a disability or support needs commensurate with the participants served in the waiver or related educational experience; • Have a high school diploma or GED; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code, Chapter 52; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Have disability-specific training as required by the Department.
Adult Day Center	Meet licensing regulations under Title 55 PA Code, Chapter 2380, Subchapter A		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52;

			<ul style="list-style-type: none"> • Comply with 42 CFR §441.301(c)(4) and (5) specific to allowable settings for home and community-based waiver services; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • 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. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Have a minimum of 1 year of experience providing care to an individual with a disability or support needs commensurate with the participants served in the waiver or related educational experience; • Have a high school diploma or GED; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code, Chapter 52; • Complete Department required training, including training on the participant’s service plan and the
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			<p>participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Have disability-specific training as required by the Department.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Older Adult Daily Living Center	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Adult Day Center	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Community Integration
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Community Integration is a short-term, goal-based support service designed to assist participants in acquiring, retaining, and improving self-help, communication, socialization and adaptive skills necessary to reside in the community. Community integration can include cueing and on-site modeling of behavior to assist the participant in developing maximum independent functioning in community living activities.</p> <p>Community Integration is goal-based and situational to assist individuals in achieving maximum function during life-changing events such as a transition from a nursing facility, moving to a new community or from a parent's home, or a change in condition that requires new skill sets. Services and training must focus on specific skills and be related to the expected outcomes outlined in the participant's service plan.</p> <p>Community Integration goals must be reviewed and/or updated at least quarterly by the Service Coordinator in conjunction with the participant to assure that expected outcomes are met and the service plan is modified accordingly.</p> <p>Services must be provided at a 1:1 ratio.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Community Integration cannot be billed simultaneously with Residential Habilitation, Structured Day Habilitation, Adult Daily Living Services, or Personal Assistance Services</p> <p>Community Integration is reviewed quarterly to determine the progress of how the strategies utilized are affecting the participant's ability to independently complete tasks identified in the PCSP. If the individual can complete the task independently, then the goal and CI service should be removed from the PCSP. The length of service should not exceed thirteen (13) weeks on new plans.</p>	

If the participant has not reached the goal at the end of 13 weeks, then documentation of the justification for continued training on the desired outcome must be incorporated into the PCSP at the time of the quarterly review.

If the participant has not reached his/her CI goals by the end of twenty-six (26) weeks, the goals need to change or it is concluded that the individual will not independently complete the goal and the SC must assess for a more appropriate service to meet the individual’s need.

Each distinct goal may not remain on the PCSP for more than twenty-six (26) weeks.

No more than 32 units per week for one CI goal will be approved in the PCSP. If the participant has multiple CI goals, no more than 48 units per week will be approved in the PCSP.

The CHC-MCO retains the discretion to 1) authorize CI for individuals who have not experienced a “life-changing event”; and 2) authorize more than 48 units (12 hours) of CI in one week for up to 21 hours per week and for periods longer than 26 weeks.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Community Integration Agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Community Integration Agency			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;

			<ul style="list-style-type: none"> • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Professional Liability Errors and Omissions 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. <p>Individuals working for or contracted with agencies must meet the following standards: Be 18 years of age or older;</p> <ul style="list-style-type: none"> • Have a high school diploma or GED • Have a minimum of six months of paid or volunteer experience in working with people with physical disabilities and/or older adults • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have the required skills to perform the Community Integration services specified in the participant’s service plan; • Possess a valid Social Security number; and • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15
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			<ul style="list-style-type: none"> Have child abuse clearance as required in Appendix C-2-b. 	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Community Integration Agency	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Non-Medical Transportation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Non-Medical Transportation services are offered in order to enable participants to gain access to long-term services and supports as specified in the PCSP. This service is offered in addition to medical transportation services required under 42 CFR 440.170 (a) (if applicable), and shall not replace them. Non-Medical Transportation services include mileage reimbursement for drivers and others to transport a participant and/or the purchase of tickets or tokens to secure transportation for a participant. Non-Medical Transportation must be billed per one-way trip or billed per item, for example a monthly bus pass. Transportation services must be tied to a specific objective identified on the participant’s service plan.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Medical Assistance Transportation Program (MATP) services will be used for obtaining State Plan services. The participant’s service plan must document the need for those Non-medical Transportation services that are not covered under the Medical Assistance Transportation Program.</p> <p>Non-medical Transportation services may only be authorized on the service plan after an individualized determination that the method is the most cost-effective manner to provide needed Transportation services to the participant, and that all other non-Medicaid sources of transportation which can provide this service without charge (such as family, neighbors, friends, community agencies) have been exhausted.</p> <p>Non-Medical Transportation does not cover reimbursement to the participant or another individual when driving the participant’s vehicle. Non-Medical Transportation does not pay for vehicle purchases, rentals, modifications or repairs.</p>	

Non-Medical Transportation cannot be provided at the same time as Adult Daily Living services with transportation or Employment Skills Development, Career Assessment or Job Finding. An individual cannot provide both Personal Assistance Services and Non-Medical Transportation simultaneously.

The Service Coordinator will monitor this service quarterly and will provide ongoing assistance to the participant to identify alternative community-based sources of Transportation.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Individual Driver		Licensed Transportation Agency, Public Transit Authority	

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Individual Driver	Valid Pennsylvania driver's license appropriate to the vehicle	Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used to provide the Transportation service.	Drivers must meet the following: <ul style="list-style-type: none"> • 18 years of age; • Must have appropriate insurance coverage (\$100,000/\$300,000 bodily injury); • Have automobile insurance for all automobiles used to provide the Transportation service; • Vehicles must be registered with the PA Department of Transportation; • Receive a physical examination (including a vision test) at the time of hire and at least every 2 years; and • Be willing to provide door-to-door services.
Licensed Transportation	Licensed by the P.U.C and/or be a		Agencies must:

Agency, Public Transit Authority	Public Transit Authority, a Community Transportation Provider or Community Transportation Subcontractor		<ul style="list-style-type: none"> • Meet PA Vehicle Code (Title 75); • Have Commercial General Liability insurance; • Have automobile insurance for all automobiles owned, leased and/or hired and used to provide the Transportation service; • Have Workers' Compensation insurance in accordance with State statute; • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, which includes, but is not limited to, communication, mobility and behavioral needs; and • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52. <p>Drivers employed by licensed transportation agencies and public transit authorities must meet the following:</p> <ul style="list-style-type: none"> • be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15; • Have child abuse clearance as required in Appendix C-2-b; • Agree to carry out the Transportation outcomes included in the participant's service plan; and • Have a valid driver's license if the operation of a vehicle is necessary to provide Transportation services.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	

Individual Driver	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.		
Licensed Transportation Agency, Public Transit Authority	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Residential Habilitation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Residential Habilitation Services are delivered in provider owned, rented/leased or operated settings. They can be provided in Licensed and unlicensed settings.</p> <p>Licensed Settings are settings in which four or more individuals reside and are licensed as Personal Care Homes (reference 55 PA Code Chapter 2600) or Assisted Living Residences (reference 55 PA Code Chapter 2800). Unlicensed settings are provider owned, rented/leased or operated settings with no more than three residents.</p> <p>Residential Habilitation services are provided for up to 24 hours a day. This service is authorized as a day unit. A day is defined as a period of a minimum of 8 hours of service rendered by a residential habilitation provider within a 24-hour period beginning at 12:00 am and ending at 11:59 pm. Residential Habilitation services are designed to assist an individual in acquiring the basic skills necessary to maximize their independence in activities of daily living and to fully participate in community life. Residential Habilitation services are individually tailored to meet the needs of the individual as outlined in the person-centered service plan.</p> <p>Residential Habilitation includes supports that assist participants with acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in the community. These services are individually tailored supports that can include activities in environments designed to foster the acquisition of skills, appropriate behavior, greater independence and personal choice. Supports include cueing, on-site modeling of behavior, and/or assistance in developing or maintaining maximum independent functioning in community living activities, including domestic and leisure activities. Residential Habilitation also includes community integration, personal assistance services and night-time assistance. This includes any necessary assistance in performing activities of daily living (i.e., bathing, dressing, eating, mobility, and toileting) and instrumental activities of daily living (i.e., cooking, housework, and shopping).</p>	

Transportation is provided as a component of the Residential Habilitation service, and is therefore reflected in the rate for Residential Habilitation. Providers of (unlicensed and licensed) Residential Habilitation are responsible for the full range of transportation services needed by the individuals they serve to participate in services and activities specified in their person-centered service plans (PCSP). This includes transportation to and from day habilitation and employment services. Transportation included in the rate for Residential Habilitation Services may NOT be duplicated through the inclusion of the transportation service on an individual's PCSP.

Individual considerations may be available for those individuals that require continual assistance as identified on their needs assessment to ensure their medical or behavioral stability. By the nature of their behaviors, individuals are not able to participate in activities or are unable to access the community without direct staff support. Residential Enhanced Staffing is treated as an add-on to the Residential Habilitation service and is only available when participants require additional behavioral supports. Residential Enhanced Staffing is authorized as an hourly unit.

Residential Enhanced Staffing may be provided at the following levels:

- Level 1: staff-to-individual ratio of 1:1.
- Level 2: staff-to-individual ratio of 2:1 or greater.

Licensed settings serving individuals enrolled in the CHC Waiver may not exceed a licensed capacity of more than 8 unrelated individuals. Both licensed and unlicensed settings must be community-based as well as maintain a home-like environment. A home-like environment provides full access to typical facilities found in a home such as a kitchen and dining area, provides for privacy, allows visitors at times convenient to the individual, and offers easy access to resources and activities in the community. Residences are expected to be located in residential neighborhoods in the community. Participants have access to community activities, employment, schools or day programs. Each facility shall assure to each participant the right to live as normally as possible while receiving care and treatment. Home and Community character will be monitored by the CHC-MCOs through ongoing monitoring. Additionally, Service Coordinators will monitor the community character of the residence during regularly scheduled contact with residents. Results of this monitoring will be reported to OLTL. Service Coordinators assist participants in transitioning to homes of their own.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Payment is not made for room and board.

Residential Habilitation services do not include the provision of a structured day habilitation, adult daily living, job coaching, employment skills development, and therapies provided on a one to one basis.

Community Integration, Home Health Care Aide services, Non-Medical Transportation, Personal Assistance Services, TeleCare, Vehicle Modifications, Home Adaptations, Home Delivered Meals, Participant-Directed Community Supports, Participant-Directed Goods and Services, and Respite cannot be provided at the same time as Residential Habilitation.

Long-term or Continuous Nursing cannot be on the same service plan as Residential Habilitation. The CHC-MCO may consider an exception to the limitation on long-term or continuous nursing and Residential Habilitation Services with documentation from the Service Coordinator that supports the participant's need to receive both services.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Licensed Residential Habilitation Provider
				Unlicensed Residential Habilitation Provider

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Licensed Residential Habilitation Provider	Licensed by the PA Department of Public Welfare, per 55 PA Code 2600, Personal Care Homes or 55 PA Code 2800, Assisted Living Residences	CARF Community Housing accreditation or CARF Brain Injury Residential Rehabilitation Program (Adult) accreditation	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider Agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Comply with 42 CFR §441.301(c)(4) and (5) specific to allowable settings for home and community-based waiver services; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania; • Have Commercial General Liability Insurance • Have Professional Liability Errors and Omissions Insurance

			<ul style="list-style-type: none"> • Have Workers Compensation Insurance in accordance with state statute and in accordance with Departmental policies • Ensure that employees have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs. <p>Individuals employed to provide Residential Habilitation services must:</p> <p>Be at least 18 years of age;</p> <ul style="list-style-type: none"> • Have a high school diploma or GED; • Have a minimum of six months of paid or volunteer experience working with people with disabilities. • Comply with Department standards including regulations, policies and procedures related to provider qualifications; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Complete Initial Residential Habilitation Service Training within 6 months of being hired, which consists of a minimum of 12 hours of brain injury specific training. • Complete a minimum of 12 hours of Ongoing Residential Habilitation Training annually which directly relates to job responsibilities. • Staff who are employed to provide Enhanced Residential Habilitation Services must also have initial training in behavioral programming
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			<p>and crisis prevention which must be renewed annually.</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15; • Have a valid driver’s license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Agree to carry out the Residential Habilitation outcomes included in the participant’s service plan.
Unlicensed Residential Habilitation Provider		CARF Community Housing accreditation or CARF Brain Injury Residential Rehabilitation Program (Adult) accreditation	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver Provider Agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Comply with 42 CFR §441.301(c)(4) and (5) specific to allowable settings for home and community-based waiver services; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania; • Have Commercial General Liability Insurance • Have Professional Liability Errors and Omissions Insurance • Have Workers Compensation Insurance in accordance with State statute and in accordance with Department policies; • Ensure that employees have been trained to meet the unique needs of the participant; for example,

			<p>communication, mobility and behavioral needs.</p> <p>Individuals employed to provide Residential Habilitation services must:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a high school diploma or GED • Have a minimum of six months of paid or volunteer experience working with people with disabilities. • Comply with Department standards including regulations, policies and procedures related to provider qualifications; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • One (1) staff must be awake and available on call at all times. • Complete Initial Residential Habilitation Service Training within 6 months of being hired, which consists of a minimum of 12 hours of brain injury specific training. • Complete a minimum of 12 hours of Ongoing Residential Habilitation Training annually which directly relates to job responsibilities. • Staff who are employed to provide Enhanced Residential Habilitation Services must also have initial training in behavioral programming and crisis prevention which must be renewed annually. • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;
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			<ul style="list-style-type: none"> • Have a valid driver’s license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Agree to carry out the Residential Habilitation outcomes included in the participant’s service plan.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Licensed Residential Habilitation Provider	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Unlicensed Residential Habilitation Provider	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Structured Day Habilitation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Structured Day Habilitation Services provide assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills. Structured Day Habilitation Services provide waiver participants comprehensive day programming to acquire more independent functioning and improved cognition, communication, and life skills. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice as well as provide the supports necessary for mood and behavioral stability with therapeutic goals according to the written plan of care for the individual.</p> <p>Structured Day Habilitation Services include supervision, training, and support to allow the participant to attain his or her maximum potential. Services include social skills training, sensory/motor development, and reduction/elimination of maladaptive behavior. Services are directed at preparing the participant for community reintegration, such as teaching concepts such as compliance, attending to task, task completion, problem solving, safety, communication skills, money management, and shall be coordinated with all services in the service plan. Services include assistance with activities of daily living including whatever assistance is necessary for the purpose of maintaining personal hygiene.</p> <p>Structured Day Habilitation Services take place in small group settings. Services must be separate from the participant's private residence or other residential living arrangement. The provider must operate the Structured Day Habilitation Services for a minimum of four (4) hours per day up to a maximum of eight (8) hours per day on a regularly scheduled basis for one (1) or more days per week or as specified in the participant's service plan. Services are not limited to a fixed-site facility. Structured Day Habilitation Services are distinguished from Adult Daily Living Services by the therapeutic nature of the program. Structured day habilitation services include the direct services provided by direct care staff and any supervision of the licensed care staff. The direct services must be personal care or directed toward the acquisition of skills. Structured Day Habilitation services are not for the sole purpose of supervision and supervision of participants is not Medicaid reimbursable.</p>	
Staff to Client Ratios	
<ul style="list-style-type: none"> • One direct care staff to 8 clients during activities 	

- One other individual must always be present

Structured Day Habilitation Providers that also provide Residential Habilitation are required to provide transportation to Structured Day Habilitation Services as part of Residential Habilitation Services. Structured Day Habilitation Providers are required to provide transportation to community-based activities that are provided as part of the Structured Day Habilitation service.

CHC-MCOs will consider enhanced staffing levels for those individuals that require continual assistance, as identified on their needs assessment, to ensure their medical or behavioral stability. These individuals, by the nature of their behaviors, are not able to participate in activities or are unable to access the community without direct staff support. Enhanced Structured Day Habilitation Services is an add-on to the Structured Day Habilitation Services and is only available when participants require additional behavioral supports.

Enhanced Structured Day Habilitation Staffing may be provided at the following levels:

- Level 1: staff-to-individual ratio of 1:1.
- Level 2: staff-to-individual ratio of 2:1 or greater.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Billing for Structured Day Habilitation:

Structured Day Habilitation Services do not include: 1:1 therapies (OT, PT, ST, Cognitive Rehabilitation Therapy, and Behavior Therapy), adult daily living, employment skills development, job coaching, personal assistance services or community integration. These services are available to participants receiving Structured Day Habilitation Services as indicated in the needs assessment and documented on the Person-Centered Service Plan, but may not be provided simultaneously. Structured Day Habilitation Services also do not include competitive employment or higher education courses. Structured Day Habilitation Services may not provide for the payment of services that are vocational in nature and for the primary purpose of producing goods or performing services.

Transportation can be included as a separate service as indicated on the needs assessment and documented on the PCSP for participants that are not also receiving Residential Habilitation Services.

The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s Person-Centered Service Plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Structured Day Habilitation Agency

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Structured Day Habilitation Agency		CARF Brain Injury Home and Community Services (Adult) accreditation	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver Provider Agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Comply with 42 CFR §441.301(c)(4) and (5) specific to allowable settings for home and community-based waiver services; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Commercial General Liability Insurance • Have Professional Liability Errors and Omissions Insurance • Have Worker’s Compensation Insurance in accordance with State statute and in accordance with Department policies. • 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 behavior needs. • Necessary staff, may include independent education instructors, speech therapists, physical therapists, occupational therapists, behavior therapists or cognitive rehabilitation therapists or other staff, to meet participant needs as outlined in the participant’s service plan.

			<p>All individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavior needs • Complete initial Structured Day Habilitation Service Training within 6 months of being hired, which consists of a minimum of 20 hours of brain injury specific training. • Complete a minimum of 12 hours of Ongoing Structured Day Habilitation Training annually. • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service <p>In addition to the general standards listed above, Individual Support Staff must:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a high school diploma or GED and have a minimum of five (5) years’ experience working with people with disabilities, or • Have a Bachelor’s degree in a human service field. • Staff employed to provide Enhanced Structured Day Habilitation Services
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			<p>must also have initial training in behavioral programming and crisis prevention which must be renewed annually</p> <ul style="list-style-type: none"> • Provide assistance in therapeutic and structured group and individual activities, and assistance as required with ADLs. • Implement treatment plans, monitor individual and group progress, and document and records progress of participants served. <p>In addition to the general standards listed above, Independent Education Instructors must:</p> <ul style="list-style-type: none"> • Hold a Bachelor’s degree with a current teaching certificate • Have two years of experience teaching basic adult education • Be certified under the Department of Education <p>Develop and implement goals for the day treatment program plan, and document and record progress of individuals served.</p> <p>In addition to the general standards listed above, Cognitive Rehabilitation Therapists must:</p> <ul style="list-style-type: none"> • Be a licensed Occupational Therapist under the PA Department of State, per 49 PA Code Chapter 42, including 42.22 pertaining to assistants (Occupational Therapy and Education Licensing Board) or • Be a licensed psychologist licensed by the State Board of Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41 or • Be a licensed social worker licensed by the State Board of Social Workers,
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			<p>Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49 or</p> <ul style="list-style-type: none"> • Be a licensed professional counselor licensed by the state of Pennsylvania as a Professional Counselor with a Master’s degree or a doctorate from a CACREP-approved academic program, passed the National Counselor Examination (NCE), and completed at least 3 years or 3,600 hours of supervised clinical experience or • Be a licensed Speech and Language Therapist licensed under the PA Department of State, per 49 PA Code Chapter 45 (Language and Hearing Examiner’s Board). • Individuals with a bachelor’s or master’s degree in an allied rehabilitation field as defined by the Society for Cognitive Rehabilitation who are not licensed or certified may practice under the supervision of a practitioner who is licensed as listed above <p>In addition to the general standards listed above, Speech Therapists must:</p> <ul style="list-style-type: none"> • Be licensed under the PA Department of State, per 49 PA Code Chapter 45 (Language and Hearing Examiner’s Board) • Have certification as required by 42CFR Part 484 • Develop and implement goals for the day treatment program plan, and document and record progress of individuals served. <p>In addition to the general standards listed above, Occupational Therapists or Occupational Therapy Assistants must:</p>
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			<ul style="list-style-type: none"> • Be licensed under the PA Department of State, per 49 PA Code Chapter 42, including 42.22 pertaining to assistants (Occupational Therapy and Education Licensing Board) • Have certification as required by 42 CFR Part 484 • Develop and implement goals for the day treatment program plan, and document and record progress of individuals served. <p>In addition to the general standards listed above, Physical Therapists or Physical Therapy Assistants must:</p> <ul style="list-style-type: none"> • Be licensed under PA Department of State, per 49 PA Code Chapter 40 (Physical Therapy Licensing Board) • Have certification as required by 42CFR Part 484 • Develop and implement goals for the day treatment program plan, and document and record progress of individuals served. <p>In addition to the general standards listed above, professionals providing Behavior Therapy must :</p> <ul style="list-style-type: none"> • Be a licensed psychologist - Licensed by the State Board of Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41 or • Be a licensed Social Worker - Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49 or • Be a licensed Behavior Specialist – Licensed by the State Board of Medicine, per 49 Pa, Code §§ 18.521 - 18.527 or
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			<ul style="list-style-type: none"> • Be a licensed Professional Counselor - licensed by the state of Pennsylvania as a Professional Counselor with a Master's degree or a doctorate from a CACREP-approved academic program, passed the National Counselor Examination (NCE), and completed at least 3 years or 3,600 hours of supervised clinical experience
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Structured Day Habilitation Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method (<i>check each that applies</i>):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	TeleCare
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>TeleCare integrates social and healthcare services supported by innovative technologies to sustain and promote independence, quality of life and reduce the need for nursing home placement. By utilizing in-home technology, more options are available to assist and support individuals so that they can remain in their own homes and reduce the need for re-hospitalization. TeleCare services are specified by the service plan, as necessary to enable the participant to promote independence and to ensure the health, welfare and safety of the participant and are provided pursuant to consumer choice. TeleCare includes: 1) Health Status Measuring and Monitoring TeleCare Service, 2) Activity and Sensor Monitoring TeleCare Service, and 3) Medication Dispensing and Monitoring TeleCare Services.</p> <ul style="list-style-type: none"> • Health Status Measuring and Monitoring TeleCare Services: <ul style="list-style-type: none"> o uses wireless technology or a phone line, including electronic communication between the participant and healthcare provider focused on collecting health related data, i.e., vital signs information such as pulse/ox and blood pressure that assists the healthcare provider in assessing the participant's condition) and providing education and consultation; o must be ordered by a primary physician, physician assistant, or nurse practitioner; o includes installation, daily rental, daily monitoring and training of the participant, their representative and/or employees who have direct participant contact; o monitoring service activities must be provided by trained and qualified home health staff in accordance with required provider qualifications; and o have a system in place for notification of emergency events to designated individuals or entities. • Activity and Sensor Monitoring TeleCare Service: <ul style="list-style-type: none"> o employs sensor-based technology on a 24 hour/7 day basis by remotely monitoring and passively tracking participants' daily routines and may report on the following: wake up times, 	

overnight bathroom usage, bathroom falls, medication usage, meal preparation and room temperature;

- o includes installation, monthly rental, monthly monitoring, and training of employees who have direct participant contact; and
- o ensures there is a system in place for notification of emergency events to designated individuals.
- Medication Dispensing and Monitoring TeleCare Service:
 - o assists participants by dispensing and monitoring medication compliance; and
 - o utilizes a remote monitoring system personally pre-programmed for each participant to dispense, monitor compliance and provide notification to the provider or family caregiver of missed doses or non-compliance with medication therapy.

All other medical equipment and supplies of value to the participant to maintain safety in the home can be purchased using Specialized Medical Equipment and Supplies.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is not covered in the State Plan. Participants can only receive TeleCare services when they meet eligibility criteria specified in the state’s published TeleCare Services policy guidance, and the services are not covered under Medicare or other third party resources.

The Service Coordinator is responsible for verifying that third party limitations have been exhausted prior to funding services through the waiver. Documentation that the services are not available under another source of funding must be maintained in the individual’s file and updated annually. The Service Coordinator, through the person-centered planning process, will ensure that the use of this service is in accordance with privacy considerations for the participant and is in accordance with the participant’s preferences for service receipt.

If a participant only requires a medication dispenser unit and no monitoring services, the Medication Dispensing and Monitoring TeleCare Service will not be authorized under TeleCare. Medication dispensers without monitoring should be billed under Specialized Medical Equipment and Supplies.

Medication Dispensing services cannot be provided at the same time as Home Health Care Aide Services, Nursing or in-home Respite Services.

TeleCare services cannot be provided at the same time as Residential Habilitation Services.

The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s service plan.

Provider Specifications

Provider Category(s)	..	Individual. List types:	X	Agency. List the types of agencies:
			Hospital	

<i>(check one or both):</i>			Durable Medical Equipment and Supply Company
			Pharmacy
			Home Health Agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Hospital	Licensed through the PA Department of Health, per 28 PA Code Subpart B	Certification as required by specific profession or discipline, per 42CFR Part 482	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures

			<p>relating to provider qualifications, including 55 PA Code, Chapter 52;</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; 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.
Durable Medical Equipment and Supply Company			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures

			<p>relating to provider qualifications, including 55 PA Code, Chapter 52;</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; 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.
Pharmacy	Permit to conduct a pharmacy, under 49 PA Code, Part I, Subpart A. Chapter 27		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures

			<p>relating to provider qualifications, including 55 PA Code, Chapter 52;</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; 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.
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities Subpart G. Chapter 601 and Subpart A Chapter 51	Certification as required by 42 CFR Part 484	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52;

			<ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; • Be supervised by a registered nurse, as appropriate; 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.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Hospital	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Durable Medical Equipment and Supply Company	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Pharmacy	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Home Health Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Pest Eradication
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Pest Eradication services are services that suppress or eradicate pest infestation that, if not treated, would prevent the participant from remaining in the community due to a risk of health and safety. Pest Eradication Services are intended to aid in maintaining an environment free of insects, rodents and other potential disease carriers to enhance safety, sanitation and cleanliness of the participant’s residence. This service can be made available on an ongoing basis to prevent reinfestation only when reinfestation is likely to occur and the service coordinator determines the reinfestation would negatively impact the participant’s health and safety. The service coordinator must consult the Pest Control Provider to determine the likelihood of reinfestation. The justification for ongoing services must be documented in the PCSP. Documentation must include the amount, duration and scope of services as determined by the Service Coordinator. Pest Eradication services are only permissible for individuals residing in their own home. The service cannot be made available as a preference of the participant to remove something on a property that has no impact on the participant living there.</p> <p>Service coordinators are responsible for ensuring that no other resource is available to have this service done. Service Coordinators must ensure that local health departments or other available resources could not provide this service. Service Coordinators must also determine if landlords are required to provide this service to make the rental property habitable. This can be done by reviewing the lease to determine the landlord’s responsibility. Service Coordinators need to be familiar with local housing requirements, local housing authority requirements, or local ordinances on rental properties related to rental property requirements on pest control. Service Coordinators will contact landlords to convey the importance of maintaining and treating adjoining properties once the participant’s property is treated for pests. This is to ensure that pests do not return to the participant’s residence.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Pest Eradication services may not be used solely as a preventative measure; there must be documentation of a need for the service either through Service Coordinator direct observation or individual report that a pest is causing or is expected to cause harm that would prevent a participant from safely remaining in the community. Service Coordinators must provide the affected participant</p>	

with educational materials or locate appropriate training on pests to aid in keeping a treated residence pest free in the future. When pest eradication is needed, Service Coordinators must also review the affected participant’s person-centered service plan to assess infestation risks and develop a risk mitigation plan.

Service Coordinators must have reasonable assurance that the participant plans to live in the property for the foreseeable future if the pest control service is provided. This needs to be documented in the PCSP.

The Service Coordinators will also determine from the participant if they have any health conditions that need to be considered by the pest control provider. Such health conditions would need to be considered in determining the method of pest control used so as to not adversely affect the health of the participant.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Pest Control Company

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Pest Control Company	Licensed pest application business by the PA Department of Agriculture under 7 Pa Code Chapter 128		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance;

			<p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; 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.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Pest Control Company	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Job Finding
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Job Finding is an individualized service that assists participants to obtain competitive, integrated employment. Competitive integrated employment is full or part-time work at minimum wage or higher, with wages and benefits similar to those without disabilities performing the same work, and fully integrated with co-workers without disabilities. Job Finding services are necessary, as specified in the service plan, to support the participant to live and work successfully in home and community-based settings, enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>Job Finding identifies and/or develops potential jobs and assists the participant in securing a job that fits the participant’s skills and preferences and employer’s needs. If the participant has received a Career Assessment, the results of that assessment must be included within the participant’s service plan and considered by the Job Finding service.</p> <p>Job Finding may include customized job development. Customized job development is based on individualizing the employment relationship between employees and employers in a way that matches the needs of the employer with the assessed strengths, skills, needs, and interests of the participant, either through task reassignment, job carving, or job sharing.</p> <p>Job Finding, which may include prospective employer relationship building, is time-limited. Job Finding requires authorization up to 90 days, with re-authorization every</p>	

90 days, for up to 1 year. At each 90-day interval, the service plan team will meet to clarify employment goals and expectations and review the job finding strategy.

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.

The service also includes transportation as an integral component of the service, such as to a job interview, during the delivery of Job Finding.

If the participant receives Behavior Therapy services, this service includes implementation of the behavior support plan and, if necessary, the crisis support plan. The service includes collecting and recording the data necessary to support the review of the service plan, the behavior support plan and the crisis support plan, as appropriate.

Job Finding is provided on a 1:1 basis.

Complete payment for Job Finding will require achievement of milestones as identified by the Department.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Job Finding services may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that job finding may only be provided when documentation has been obtained that one of the following has occurred:

1. OVR has closed a case for the participant or has stopped providing services to the participant;
2. The participant was determined ineligible for OVR services; or
3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant.

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

1. A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Job Finding.
2. A participant who has not been referred to OVR may receive Job Finding without a referral to OVR.

Documentation in accordance with Department requirements must be maintained in the file by the Service Coordinator and updated with each reauthorization to satisfy the State assurance that the service is not otherwise available to the participant under other federal programs.

The Job Finding service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the employment objectives and outcomes are being met.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service. The Job Finding Service may be provided in conjunction with other employment related services such as Career Assessment, Employment Skills Training and Job Coaching.

Job Finding does not include activities covered through Job Coaching once employment is obtained.

Job Finding does not include skills training to qualify for a job.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:

- a. Incentive payments made to an employer to encourage or subsidize the employer's participation in Job Finding services
- b. Payments that are passed through to users of the Job Finding services

Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X
		Agency. List the types of agencies:	
		Job Finding Provider	Job Finding Agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>
			Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

<p>Job Finding Agency</p>		<p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service.</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation; or
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			<ul style="list-style-type: none"> • Have a bachelor's degree in rehabilitation, psychology, sociology, business, marketing or related field and 1 year of documented related experience; or • Have an associate's degree in rehabilitation, psychology, sociology, business, marketing or related field and 2 years of documented related experience; or • Have a high school diploma or GED and at least 3 years of documented related experience • Comply with all Department standards regarding regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service <p>Individuals working directly with the participant to provide job finding services shall hold one of</p>
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			<p>the following within 18 months of employment:</p> <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) • 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. • Individuals who meet the qualifications for Vocational Rehabilitation Counselors are exempt from this provision. • Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.
Job Finding Provider		<p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service</p> <p>See "Other Standard"</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service

			<ul style="list-style-type: none"> • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service • Be a resident of Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance in accordance with Department policies • Be at least 18 years of age • Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation; or • Have a bachelor's degree in rehabilitation, psychology, sociology, business, marketing or related field and 1 year of documented related experience; or • Have an associate's degree in rehabilitation, psychology, sociology, business, marketing or related field and 2 years of documented related experience; or • Have a high school diploma or GED and at least 3 years of documented related experience • Complete Department required training, including training on the participant's
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			<p>service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs</p> <ul style="list-style-type: none"> • One of the following within 18 months of employment: <ul style="list-style-type: none"> — Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) — 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. • Individuals who meet the qualifications for Vocational Rehabilitation Counselors are exempt from this provision. • Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment. • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15
Verification of Provider Qualifications			

Provider Type:	Entity Responsible for Verification:	Frequency of Verification:
Job Finding Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Job Finding Provider	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.
Service Delivery Method		
Service Delivery Method (<i>check each that applies</i>):	<input type="checkbox"/>	Participant-directed as specified in Appendix E
	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Job Coaching
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Job Coaching services are individualized services providing supports to participants who need ongoing support to learn a new job and maintain a job that meets the definition of competitive integrated employment. Competitive integrated employment is full or part-time work at minimum wage or higher, with wages and benefits similar to those without disabilities performing the same work, and fully integrated with co-workers without disabilities. Job Coaching can also be used to support participants who are self-employed. Job Coaching services are necessary, as specified in the service plan, to support the participant to live and work successfully in home and community-based settings, enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>Competitive integrated employment, including self-employment, shall be considered the first option when serving persons with disabilities who are of working age.</p> <p>Job Coaching provides two components in accordance with an assessment: Intensive Job Coaching and Extended Follow-along.</p> <p>Intensive Job Coaching</p> <p>Intensive Job Coaching is an essential component of Job Coaching services and may include:</p> <ul style="list-style-type: none"> • On-the-job training and skills development; • Assisting the participant with development of natural supports in the workplace; <p>and,</p>	

- Coordinating with employers or employees, coworkers and customers, as necessary.

Intensive Job Coaching includes assisting the participant in meeting employment expectations, performing business functions, addressing issues as they arise, and also includes travel training and diversity training to the specific business where the participant is employed. Intensive Job Coaching provides support to assist participants in stabilizing in an integrated situation (including self-employment) and may include meeting with employers on behalf of the participant when the participant is not present to assist in maintaining job placement. Participants receiving Intensive Job Coaching require on-the-job support for more than 20% of their work week at the outset of the service, phasing down to 20% per week during the Intensive Job Coaching period (at which time, Extended Follow-along will be provided if ongoing support is needed). Job Coaching supports within this range will be determined based on the participant's needs.

Intensive Job Coaching for the same employment site and/or position may only be authorized for up to 6 months and may be reauthorized for additional 6 month periods, upon review with the service planning team. Intensive Job Coaching may only be reauthorized twice, for a total of 18 consecutive months of Intensive Job Coaching support for the same employment site and/or position. Any exceptions require prior approval from the Department or its designee. Intensive Job Coaching is recommended for new employment placements or may be reauthorized for the same location after a period of Extended Follow-along, due to change in circumstances (new work responsibilities, personal life changes, etc.).

Extended Follow Along

Extended Follow-along is ongoing support available for an indefinite period as needed by the participant to maintain their paid employment position once they have been stabilized in their position (receiving less than 20% onsite support for at least four weeks). Extended Follow-along support may include reminders of effective workplace practices and reinforcement of skills gained during the period of Intensive Job Coaching. Once transitioned to Extended Follow-along, providers are required to make at least 2 visits per month, up to a maximum of 240 hours per service plan year. This allows an average of 20 hours per month to manage difficulties which may occur in the workplace and the limit may be used for the participant over an annual basis, as needed. If circumstances require more than that amount per service plan year, the service must be billed as Intensive Job Coaching.

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.

Job Coaching does not include the provision of Personal Assistance Services.

If the participant receives Behavior Therapy services, this service includes implementation of the behavior support plan and, if necessary, the crisis support plan. The service includes collecting and recording the data necessary to support the review of the service plan, the behavior support plan and the crisis support plan, as appropriate.

The Job Coaching service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the employment objectives and outcomes are being met.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Job Coaching services may not be rendered under the waiver to a participant under a program funded by the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Job Coaching may only be provided when documentation has been obtained that one of the following has occurred:

1. OVR has closed a case for the participant or has stopped providing services to the participant;
2. The participant was determined ineligible for OVR services; or
3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant.

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

1. A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Job Coaching.
2. A participant who has not been referred to OVR may receive Job Coaching without a referral to OVR.

Documentation in accordance with Department requirements must be maintained in the file by the Service Coordinator and updated with each reauthorization to satisfy the State assurance that the service is not otherwise available to the participant under other federal programs.

Total combined hours for Employment Skills Development, or Job Coaching services are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must obtain prior approval.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:

- a. Incentive payments made to an employer to encourage or subsidize the employer's participation in Job Coaching services
- b. Payments that are passed through to users of Job Coaching services

Job Coaching does not include facility-based or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.

Job Coaching does not include payment for supervision, training, support and adaptations typically available to other non-disabled workers filling similar positions in the business.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
		Job Coaching Provider		Job Coaching Agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Job Coaching Agency		Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of the Job	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased 	

		Coaching service	<p>and/or hired when used as a component of the service</p> <ul style="list-style-type: none"> • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age, • Have a High School Diploma or GED and 2 years related experience, or • Have a bachelor’s degree, and • Have a minimum of 1 year of experience living or working with an individual with a disability or support needs commensurate with the participants served in the waiver or related educational experience, or • Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and
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			<p>Industry, Office of Vocational Rehabilitation.</p> <ul style="list-style-type: none"> • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15 • Have a valid driver’s license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service <p>Individuals working directly with the participant to provide job coaching services shall hold one of the following within 18 months of employment:</p> <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) • 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)
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			<p>organizational member that has ACRE-approved training.</p> <ul style="list-style-type: none"> • Individuals who meet the qualifications for a Vocational Rehabilitation Counselor are exempt from this provision. • Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.
Job Coaching Provider		<p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of the Job Coaching service</p> <p>See "Other Standard"</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service • Be a resident of Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance

			<ul style="list-style-type: none"> • Be at least 18 years of age • Have a minimum of 1 year of experience living or working with an individual with a disability or support needs commensurate with the participants served in the waiver or related educational experience, and • Have a High School Diploma or GED and 2 years related experience, or • Bachelor’s degree; or • Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation; and • One of the following within 18 months of employment: <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) • 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. • Individuals who meet the qualifications for Vocational Rehabilitation Counselors are exempt from certification provision. • Individuals without certification must be
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			<p>supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment; and</p> <ul style="list-style-type: none"> • Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15 	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:	Frequency of Verification:		
Job Coaching Provider Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.		
Job Coaching Provider	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.		
Service Delivery Method				
Service Delivery Method (<i>check each that applies</i>):		Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Employment Skills Development
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Employment Skills Development services provide learning and work experiences, including volunteer work, where the participant can develop strengths and skills that contribute to employability in paid employment in integrated community settings. Services are aimed at furthering habilitation goals that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage. Employment Skills Development services are necessary, as specified in the service plan, to support the participant to live and work successfully in home and community-based settings, enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>Employment Skills Development services are designed to:</p> <ul style="list-style-type: none"> • Be individually tailored to directly address the participant’s employment goals as identified in the needs assessment and included in the service plan. If the participant has received a Career Assessment that has determined that the participant is in need of acquiring particular skills in order to enhance their employability, those identified skills development areas must be addressed within the participant’s service plan and by the Employment Skills Development service. • Enable each participant to attain the highest level of work in the most integrated setting and with the job matched to the participant’s career goals, interests, strengths, priorities, abilities and capabilities, while following applicable federal and State wage guidelines. • Support acquisition of skills needed to obtain competitive, integrated employment in the community. 	

- Develop and teach general, translatable skills including, but not limited to, the ability to communicate effectively with supervisors, coworkers and customers; generally accepted community workplace conduct and dress; basic workplace requirements, like adherence to time and attendance expectations; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety; and training to enable the effective use of transportation resources.
- Provide and support the acquisition of skills necessary to enable the participant to obtain competitive, integrated work where the compensation for the participant is at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by participants without disabilities, which is considered to be the optimal outcome of Employment Skills Development services.

Support may be provided to participants for unpaid volunteer placement and training experiences, which may be provided in community-based settings. Volunteering is not an alternative to paid employment, but rather must be an avenue for building skills and connections that are expected to lead to competitive integrated employment. Volunteer placements used for the purpose of Employment Skills Development must be time limited, and it must be documented in the service plan how the volunteer placement is expected to achieve the goal of competitive integrated employment. Skills development as a part of placement and training may occur as a one-to-one training experience or in a group setting in accordance with Department requirements.

Employment Skills Development includes transportation as an integral component of the service, for example, transportation to a volunteer or training activity.

Employment Skills Development includes Personal Assistance, but may not comprise the entirety of the service.

Employment Skills Development may be provided in facilities licensed under PA Code 2390 but only after the participant has been referred to OVR and the following is documented: the participant was either determined ineligible by OVR or their OVR case is closed and the provision of Employment Skills Development services has already been attempted in a competitive integrated employment setting or an unlicensed community-based setting outside the participant's home.

Participants receiving Employment Skills Development services must have measurable employment-related goals in their service plan.

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.

If the participant receives Behavior Therapy services, this service includes implementation of the behavior support plan and, if necessary, the crisis support plan. The service includes collecting and recording the data necessary to support the review of the service plan, the behavior support plan and the crisis support plan, as appropriate.

Employment Skills Development services are delivered up to a 1:3 staff to client ratio when the service is delivered in the community, and up to a 1:15 staff to client ratio when delivered in a facility-based environment in accordance with 55 PA Code Chapter 2390.

The Employment Skills Development service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the training objectives are being met.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Employment Skills Development services may not be rendered under the waiver to a participant under a program funded by the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Employment Skills Development may only be provided when documentation has been obtained that one of the following has occurred:

1. OVR has closed a case for the participant or has stopped providing services to the participant;
2. The participant was determined ineligible for OVR services; or
3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant.

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

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

2. A participant who has not been referred to OVR may receive Employment Skills Development without a referral to OVR.

Documentation in accordance with Department requirements must be maintained in the file by the Service Coordinator and updated with each reauthorization to satisfy the State assurance that the service is not otherwise available to the participant under other federal programs.

Total combined hours for Employment Skills Development, and Job Coaching services are limited to 50 hours in a calendar week.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.

Handicapped employment, as defined in Title 55, Chapter 2390, may not be funded through the waiver. Waiver funding is not available for the provision of Employment Skills Development (e.g., sheltered work performed in a facility) where participants are supervised in producing goods or performing services under contract to third parties.

Employment Skills Development services are limited to 36 continuous months, at which time the participant should be able to pursue Job Finding, Job Coaching or another service setting where they may utilize skills they have gained. Exceptions to this limit may be considered based upon a needs assessment or Career Assessment and prior authorization by the Department.

Employment Skills Development services are not a pre-requisite for Job Finding or Job Coaching.

Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Vocational Facilities
			Employment Skills Development Provider
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian

Provider Qualifications (<i>provide the following information for each type of provider</i>):			
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Vocational Facility		<p>Certificate of Compliance per 55 PA Code Chapter 2390</p> <p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of the Employment Skills Development service</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a minimum of 1 year of experience living or working with an individual with a disability or individuals with support needs commensurate with participants served in the

			<p>waiver or related educational experience</p> <ul style="list-style-type: none"> • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
Employment Skills Development Provider		<p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of the Employment Skills Development service</p> <p>One of the following within 18</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in

		<p>months of employment:</p> <p>1. Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</p> <p>2. Has 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>	<p>accordance with Department policies</p> <ul style="list-style-type: none"> • Have Commercial General Liability insurance • 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 <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a minimum of 1 year of experience living or working with an individual with a disability or individuals with support needs commensurate with participants served in the waiver or related educational experience • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Individuals without certification must be supervised by an individual holding the above certification until certification
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			<p>is achieved. Certification must be achieved within 18 months of employment.</p> <ul style="list-style-type: none"> • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification:	
Vocational Facility	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Employment Skills Development Service Provider	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Career Assessment
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Career Assessment is an individualized employment assessment used to assist in the identification of potential career options based upon the interests and strengths of the participant. Career Assessment services are necessary, as specified in the service plan, to support the participant to live and work successfully in home and community-based settings, enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>Competitive and integrated employment, including self-employment, shall be considered the first option when serving persons with disabilities who are of working age.</p> <p>Career Assessment is an individualized employment assessment that includes:</p> <ul style="list-style-type: none"> • Conducting a review of the participant’s work and volunteer history, interests and skills, which may include information gathering or interviewing; • Conducting situational assessments to assess the participant’s interest and aptitude in a particular type of job; • Identifying types of jobs in the community that match the participant’s interests, strengths and skills; and • Developing a Career Assessment Report that specifies recommendations regarding the participant’s needs, interests, strengths, and characteristics of potential work environments. The Career Assessment Report must also specify training or skills development necessary to achieve the participant’s employment or career goals that could be addressed by other waiver services in the participant’s service plan. 	

This service includes Discovery for individuals who due to the impact of their disability, their skills, preferences, and potential contributions cannot be best captured through traditional, standardized means, such as functional task assessments, situational assessments, and/or traditional normative assessments which compare the individual to others or arbitrary standards of performance and/or behavior. Discovery involves a comprehensive analysis of the person in relation to following:

- Strongest interests toward one or more specific aspects of the labor market;
- Skills, strengths and other contributions likely to be valuable to employers or valuable to the community if offered through self-employment;
- Conditions necessary for successful employment or self-employment.

Discovery includes the following activities: observation of person in familiar places and activities, interviews with family, friends and others who know the person well, observation of the person in an unfamiliar place and activity, identification of the person's strong interests and existing strengths and skills that are transferable to individualized integrated employment or self-employment. Discovery also involves identification of conditions for success based on experience shared by the person and others who know the person well, and observation of the person during the Discovery process. The information developed through Discovery allows for activities of typical life to be translated into possibilities for individualized integrated employment or self-employment.

The service also includes transportation as an integral component, such as transportation to a situational assessment during the delivery of Career Assessment.

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.

If the participant receives Behavior Therapy services, this service includes implementation of the behavior support plan and, if necessary, the crisis support plan. The service includes collecting and recording the data necessary to support the review of the service plan, the behavior support plan and the crisis support plan, as appropriate.

Results of Career Assessment needs to be documented and incorporated into the participant's service plan and shared, as appropriate.

Career Assessment is provided on a 1:1 client to staff ratio.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Career Assessment services may not be rendered under the waiver to a participant under a program funded by the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Career Assessment services may only be provided when documentation has been obtained that one of the following has occurred:

1. OVR has closed a case for the participant or has stopped providing services to the participant;
2. The participant was determined ineligible for OVR services; or
3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant.

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

1. A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Career Assessment.
2. A participant who has not been referred to OVR may receive Career Assessment without a referral to OVR.

Documentation in accordance with Department requirements must be maintained in the file by the Service Coordinator and updated with each reauthorization to satisfy the State assurance that the service is not otherwise available to the participant under other federal programs.

Career Assessment does not include supports to continue paid or volunteer work once it is obtained.

Career Assessment services may only occur once per service plan year; payment will be made in 15-minute units.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:

- a. Incentive payments made to an employer to encourage or subsidize the employer's participation in Career Assessment services
- b. Payments that are passed through to users of Career Assessment services

Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X Agency. List the types of agencies:
	Career Assessment Provider		Career Assessment Agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Career Assessment Agency		Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service	<ul style="list-style-type: none"> Comply with 55 PA Code 1101 and have a waiver provider agreement Comply with Department standards, including regulations, policies and procedures relating to provider qualifications Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies Have Commercial General Liability insurance 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 <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> Be at least 18 years of age

			<ul style="list-style-type: none"> • Have a master's degree in vocational/career evaluation or another field with a logical relationship to the provision of the service, or • Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation; or • Have a bachelor's degree in a field with a logical relationship to the provision of the service and 1 year of documented related experience, and • One of the following within 18 months of employment: <ul style="list-style-type: none"> — Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) — 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. • Individuals who meet the qualifications for Vocational Rehabilitation Counselors are exempt from this provision. • Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.
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			<ul style="list-style-type: none"> • Required certification for any assessment/evaluation tools utilized • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
Career Assessment Provider		<p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service</p> <p>See "Other Standard"</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service • Be a resident of Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies

			<ul style="list-style-type: none"> • Have Commercial General Liability insurance in accordance with Department policies • Be at least 18 years of age • Have a master's degree in vocational/career evaluation or another field with a logical relationship to the provision of the service, or • Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation; or • Have a bachelor's degree in a field with a logical relationship to the provision of the service and 1 year of documented related experience, and • One of the following within 18 months of employment: <ul style="list-style-type: none"> - Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) - 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. • Individuals who meet the qualifications for Vocational Rehabilitation Counselors are exempt from this provision. • Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be
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			<p>achieved within 18 months of employment.</p> <ul style="list-style-type: none"> • Required certification for any assessment/evaluation tools utilized • Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:	Frequency of Verification:		
Career Assessment Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.		
Career Assessment Provider	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>		Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Home Delivered Meals
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>The Home Delivered Meals service provides meals that meet at least one-third of the Dietary Reference Intakes to people in their private homes. Home Delivered Meals provides meals to waiver participants who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such meals will decrease the need for more costly supports to provide in-home meal preparation. Home Delivered Meals must be specified in the service plan, as necessary, to promote independence and to ensure the health, welfare and safety of the participant. Participants may receive more than one meal per day, but they cannot receive meals that constitute a “full nutritional regimen” (three meals per day).</p> <p>All meals must be consistent with a prescribed menu approved by a dietician and, in accordance with the menu:</p> <ul style="list-style-type: none"> • May consist of hot, cold, frozen, dried, canned, fresh or supplemental foods • Can either be a hot, cold, frozen or shelf-stable meal <p>Meals may be delivered as singles or multiples, as long as the number of planned daily meals does not exceed two meals per day and the participant has appropriate storage and support to ensure that meals last as intended.</p> <p>All menus must be approved and signed by an approved dietitian.</p> <p>The frequency and duration of Home Delivered Meals are based upon the participant’s needs, as identified and documented in the participant’s service plan.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Home Delivered Meals are provided only during those times when neither the participant nor anyone else in the household is able or available to provide them, and where no other relative, caregiver, community/volunteer agency or third-party payer is able to provide, or be responsible for, their provision.	

Meals provided as part of this service shall not constitute a full nutritional regimen (three meals per day).

Transportation for the delivery of meals is included in the service cost and will not be reimbursed separately.

This service may not be included on the same service plan as Residential Habilitation.

Participants eligible for non-waiver nutritional services, including the Older Americans Act, will access those services first.

This service should supplement and not supplant resources to which the participant may be entitled including the Supplemental Nutritional Assistance Program (SNAP).

This service does not include nutritional assessment, education or counseling, but may be used in conjunction with a nutritional service offered through the waiver when needed for the participant.

Area Agencies on Aging and service providers may not solicit donations for Home Delivered Meals from waiver participants.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Home Delivered Meals Vendors

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Delivered Meals Vendors			<ul style="list-style-type: none"> • Safe food handling, preparation and transportation standards conform with Title 7 PA Code Chapter 46, Food Code

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Vendors of Home Delivered meals	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Participant-Directed Community Supports
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>This service is only available through the Services My Way (budget authority) participant-directed model.</p> <p>Participant-Directed Community Supports are specified by the service plan, as necessary, to promote independence and to ensure the health, welfare and safety of the participant. The participant is the common law employer of the individual worker(s) providing services; workers are recruited, selected, hired, trained, managed, and when necessary, fired by the participant.</p> <p>Participant-Directed Community Supports are aimed at assisting the individual to complete activities of daily living that would be performed independently if the individual had no disability. These services include assisting the participant with the following:</p> <ul style="list-style-type: none"> • Basic living skills such as eating, drinking, toileting, personal hygiene, dressing, transferring and other activities of daily living; • Health maintenance activities such as bowel and bladder routines, assistance with medication, ostomy care, catheter care, wound care and range of motion activities; • Improving and maintaining mobility and physical functioning; • Maintaining health and personal safety; • • Preparation of meals and snacks; • Accessing and using transportation (If providing transportation, the support services worker must have a valid driver’s license and liability coverage as verified by the F/EA); and • Participating in community experiences and activities. <p>Supports will be available to assist the participant in performing employer-related duties and responsibilities through the Fiscal/Employer Agent (F/EA) and Service Coordinator.</p> <p>This service may include assistance with the following activities when incidental to Participant-Directed Community Supports and necessary to complete activities of daily living:</p>	

- Activities that are incidental to the delivery of Participant-Directed Community Supports to assure the health, welfare and safety of the participant such as changing linens, doing the dishes associated with the preparation of a meal, laundering of towels from bathing may be provided and must not comprise the majority of the service.
- Accompanying the participant into the community for purposes related to personal care, such as shopping in a grocery store, picking up medications and providing assistance with any of the activities noted above to enable the completion of those tasks, and to enable the participant to work and to otherwise engage in activities in the community.

The state will demonstrate compliance with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021 in accordance with the Good Faith Exemption granted by the Centers for Medicare and Medicaid Services and home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is not covered in the State Plan. Participant-Directed Community Support services may only be funded through the waiver when the services are not covered by another responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant’s file by the Service Coordinator and updated with each reauthorization, as applicable.

Activities that are incidental to the delivery of Participant-Directed Community Supports are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for their provision.

Individual Support Workers who live in the same residence as the participant cannot be compensated for carrying out household chores such as shopping, laundry and cleaning unless the activity is being completed solely to benefit the participant.

Participant-Directed Community Supports may not be provided at the same time as Home Health Aide Services, Respite, Personal Assistance Services , Residential Habilitation, Adult Daily Living and Structured Day Habilitation.

An individual cannot provide both Participant-Directed Community Supports and Non-Medical Transportation simultaneously.

Provider Specifications

	X	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
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Provider Category(s) (check one or both):	Individual Support Services Worker		
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Relative
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Individual Support Services Worker			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Be at least 18 years of age; • Possess a valid Social Security number; • Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavior needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; and

			<ul style="list-style-type: none"> When required by the participant, the individual must be able to demonstrate the capability to perform health maintenance activities or receive necessary training
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Individual	The participant and the Fiscal/Employer Agent		Every three years
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Participant-Directed Goods and Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>This service is only available through the Services My Way (budget authority) participant-directed model.</p> <p>Participant-Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan. These items must address an identified need in the participant’s traditional service plan (including improving and maintaining the individual’s opportunities for full participation in the community) and meet one or more of the following requirements:</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, or decrease dependency on formal support services; • Increase the individual’s health and safety in the home environment, • Develop or maintain personal, social, physical or work-related skills; or • • Fulfill a medical, social or functional need as identified in the participant’s person-centered service plan; AND, • The participant does not have the funds to purchase the item or service or the item or service is not available through another source. <p>Participant-Directed goods and services are purchased from the participant’s Individual Spending Plan.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Participant-Directed Goods and Services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the plan limitations have been reached or a determination of	

non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.

Participant-Direct Goods and Services does not include personal items, groceries, rent or mortgage payments, entertainment activities, or utility payments and any other services not related to the disability.

The Service Coordinator or CHC-MCO is responsible to ensure that provision of Participant-Directed Good and Services does not overlap with other service provision.

Participant-Directed Goods and Services are limited to instances when the participant does not have personal funds to purchase the item or service and the item or service is not available through another source. Services are limited to participants that are utilizing Budget Authority for participant-directed services.

Experimental or prohibited treatments are excluded.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individual Vendors, Businesses and Independent Contractors		CHC Program's F/EA vendor

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Individual Vendors, Businesses and Independent Contractors			<ul style="list-style-type: none"> • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Be at least 18 years of age; • Possess a valid Social Security number; • Complete Department required training, including training on the participant's service plan and the

			<p>participant’s unique needs, which may include, but is not limited to, communication, mobility and behavior needs;</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b. •
<p>CHC Program’s F/EA vendor</p>			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • 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 behavior needs • Vendor/Fiscal Employer must enter into a Medicaid Provider Agreement with each provider on behalf of the State Medicaid Agency; and • Providers must meet applicable State and local regulations and/or Medicaid provider qualifications for the type of service the provider/supplier is providing as written in the participant’s service plan.

			<p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52; • Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance as required in Appendix C-2-b; 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.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	The participant and the F/EA	At time of service provision or more frequently when deemed necessary by the Department.
Agency	OLTL or its designee	At time of enrollment and revalidation or more frequently when deemed necessary by the Department.

Service Delivery Method			
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

Service Specification

Service Title: Benefits Counseling

*Complete this part for a renewal application or a new waiver that replaces an existing waiver.
Select one:*

- Service is included in approved waiver. There is no change in service specifications.
- Service is included in approved waiver. The service specifications have been modified.
- Service is not included in the approved waiver.

Service Definition (Scope):

Benefits Counseling is a service designed to inform, and answer questions from, a participant about competitive integrated employment and how and whether it will result in increased economic self-sufficiency and/or net financial benefit through the use of various work incentives. This service provides an accurate, individualized assessment. The service provides information to the individual regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, housing subsidies, food stamps, etc.

The service also will provide information and education to the participant regarding income reporting requirements for public benefit programs, including the Social Security Administration.

Benefits counseling provides work incentives counseling and planning services to persons actively considering or seeking competitive integrated employment or career advancement.

Service must be provided in a manner that supports the person's communication style and needs.

Benefits Counseling services are paid for on an hourly basis and limited in the following ways:

- a. Initial Benefits Counseling for someone actively considering or seeking individualized integrated employment or self-employment, or career advancement in these types of employment: up to twenty (20) hours. This service may be authorized no more than once every two (2) years (with a minimum of two 365-day intervals between services).
- b. Supplementary Benefits Counseling for a participant evaluating a job offer/promotion or self-employment opportunity: up to an additional six (6) hours.
- c. Problem-Solving services for a participant to maintain competitive integrated employment: up to eight (8) hours per situation. This service may be authorized up to four (4) times per year if necessary for the individual to maintain individualized integrated employment or self-employment.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Benefits Counseling may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Benefits Counseling services may only be provided when documentation has been obtained that one of the following has occurred:

1. OVR has closed a case for the participant or has stopped providing services to the participant;
2. The participant was determined ineligible for OVR services; or
3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant.

Initial Benefits Counseling may only be provided if it is documented in the service plan that 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 that such services were not available either because of ineligibility or because of wait lists that would result in services not being available within 30 calendar days.

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

1. A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Benefits Counseling.
2. A participant who has not been referred to OVR may receive Benefits Counseling without a referral to OVR.

Documentation in accordance with Department requirements must be maintained in the file by the Service Coordinator and updated with each reauthorization to satisfy the State assurance that the service is not otherwise available to the participant under other federal programs.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.

Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
	Benefits Counselor		Benefits Counseling Agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Benefits Counseling Agency		Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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

			<p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards regarding regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service <p>Individuals working directly with the participant to provide Benefits Counseling services shall hold the following:</p> <ul style="list-style-type: none"> - A Certified Work Incentives Counselor certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program.
Benefits Counselor		Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications

		<p>as a component of this service</p> <p>A Certified Work Incentives Counselor certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program.</p>	<ul style="list-style-type: none"> • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service • Be a resident of Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance in accordance with Department policies • Be at least 18 years of age • Have a bachelor's degree and 1 year of documented related experience, or • Have an associate's degree and 2 years of documented related experience, or • Have a high school diploma or GED and at least 3 years of documented related experience • Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15
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Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification:	
Benefits Counseling Agency	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Benefits Counselor	OLTL or its designee		At time of enrollment and revalidation or more frequently when deemed necessary by the Department.	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed