Changes to Transportation Trip in the Consolidated, P/FDS and Community Living Waivers Effective January 1, 2019

KEY – Bold = Recommended additions

Strikethrough= Recommended removal

Waiver(s)	Appen	Waiver Section	Current Approved Language	Recommended Revised Language
Impacted	dix			
Consolidated,	Main		Proposed Effective Date	Proposed Effective Date: 01/01/19
P/FDS and	Modul			
Community	е			
Living Waivers				
Consolidated,	Main		Purpose(s) of the Amendment. Describe the purpose(s)	Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:
P/FDS and	Modul		of the amendment:	As part of the amendments approved effective November 1, 2018 for this
Community	е			waiver, Transportation Trip was approved to transition from a cost-based
Living Waivers				service to a fee schedule service on January 1, 2019. As part of the amendment process, ODP released the proposed fee schedule rates for public comment and made adjustments to the rates based on comments received. ODP then released the adjusted rates and recently heard that the rates could create an access issue for the Transportation Trip service in at least one region. As a result, more time is needed to implement all changes to the Transportation Trip service to make further adjustments to the fee schedule rates. It is anticipated that all changes to Transportation Trip will be implemented on July 1, 2019.
				This amendment maintains the Transportation Trip service definition and cost-based rate methodology in its current approved state with no changes effective January 1, 2019. This means there will be no changes to the miles covered under each trip designation nor will there be changes to the providers that can render trip services. With this amendment agencies will be the only providers that can render Transportation Trip, this service will not be available as a service provided by relatives, OHCDS or through a participant-directed services model. ODP will develop another amendment that will be effective July 1, 2019 that will, among other things, propose to transition Transportation Trip from a cost-based service to a fee schedule service effective July 1, 2019. This will include expanding the methods of service delivery to include

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Impacted	dix			relatives, OHCDS and participant-directed services models. ODP will release this amendment, including the proposed fee schedule rates, for public comment prior to submitting the amendment to CMS for review and approval.
Consolidated, P/FDS and Community Living Waivers	С	C-1/C-3 Transportation Trip Service Definition	3. Transportation-Trip. This service is transportation provided to participants for which costs are determined on a per trip basis. A trip is defined as transportation to a waiver service or resource specified in the participant's service plan from a participant's private home, from the waiver service or resource to the participant's home, from one waiver service or resource to another waiver service or resource, or transportation to and from a job that meets the definition of competitive integrated employment. Taking a participant to a waiver service and returning the participant to his/her home is considered two trips or two units of service. Trip distances are defined by ODP through the use of zones. Zones are defined as the following from 7/1/17 through 12/31/18: • Zone 1 - Greater than 0 and up to 20 miles. • Zone 2 - Greater than 20 miles and up to 40 miles. • Zone 3 - Greater than 40 and up to 60 miles.	3. Transportation-Trip. This service is transportation provided to participants for which costs are determined on a per trip basis. A trip is defined as transportation to a waiver service or resource specified in the participant's service plan from a participant's private home, from the waiver service or resource to the participant's home, from one waiver service or resource to another waiver service or resource, or transportation to and from a job that meets the definition of competitive integrated employment. Taking a participant to a waiver service and returning the participant to his/her home is considered two trips or two units of service. Trip distances are defined by ODP through the use of zones. Zones are defined as the following from 7/1/17 through 12/31/18: • Zone 1 - Greater than 0 and up to 20 miles. • Zone 2 - Greater than 40 and up to 40 miles. • Zone 3 - Greater than 40 and up to 60 miles. Zones are defined as follows effective 1/1/19: • Zone 1 - greater than 0 and up to 10 miles. • Zone 2 - greater than 10 and up to 30 miles. • Zone 3 - greater than 30 miles.
			 Zones are defined as follows effective 1/1/19: Zone 1 - greater than 0 and up to 10 miles. Zone 2 - greater than 10 and up to 30 miles. Zone 3 - greater than 30 miles. Providers that transport more than 6 participants as part of Transportation Trip are required to have an aide on the vehicle. If a provider transports 6 or fewer participants, the provider has the discretion to determine if an aide is required. The determination 	Providers that transport more than 6 participants as part of Transportation Trip are required to have an aide on the vehicle. If a provider transports 6 or fewer participants, the provider has the discretion to determine if an aide is required. The determination must be based upon the needs of the participants, the provider's ability to ensure the health and welfare of participants and be consistent with ODP requirements for safe transportation. For participants with transportation needs that can be met by either Transportation Trip or Transportation Mile, the participant and the service

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			must be based upon the needs of the participants, the provider's ability to ensure the health and welfare of participants and be consistent with ODP requirements for safe transportation. For participants with transportation needs that can be met by either Transportation Trip or Transportation Mile, the participant and the service plan team should make a determination which type of transportation best meets the participant's needs. Participants are highly encouraged to pick one type of transportation to be authorized on a service plan. In circumstances where a participant's Transportation needs can only be met by having both services authorized, the service plan should clearly indicate the services or community activities associated with each type of Transportation.	plan team should make a determination which type of transportation best meets the participant's needs. Participants are highly encouraged to pick one type of transportation to be authorized on a service plan. In circumstances where a participant's Transportation needs can only be met by having both services authorized, the service plan should clearly indicate the services or community activities associated with each type of Transportation.
Consolidated, P/FDS and Community Living Waivers	С	C-1/C-3 Transportation	Provider qualification requirements for Support Service Professionals AWC or VF/EA FMS for transportation mile and transportation trip.	Provider qualification requirements for Support Service Professionals AWC or VF/EA FMS for transportation mile and transportation trip.
Consolidated, P/FDS and Community Living Waivers	С	C-1/C-3 Transportation	Provider qualification requirements for agency providers Entity Responsible for Verification OHCDS, VF/EA FMS or AWC FMS for public transportation. OHCDS for transportation mile. ODP or its Designee for all types of transportation including public transportation providers that enroll directly with the Department.	Provider qualification requirements for agency providers Entity Responsible for Verification OHCDS, VF/EA FMS or AWC FMS for public transportation. OHCDS for transportation mile. ODP or its Designee for all types of transportation including public transportation providers that enroll directly with the Department.

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Consolidated, P/FDS and Community Living Waivers	C	C-1/C-3 Transportation	Provider qualification requirements for individual providers Entity Responsible for Verification OHCDS for public transportation, transportation trip and transportation mile. ODP or its Designee for all types of transportation including public transportation providers that enroll directly with the Department.	Provider qualification requirements for individual providers Entity Responsible for Verification OHCDS for public transportation, transportation trip and transportation mile. ODP or its Designee for all types of transportation including public transportation providers that enroll directly with the Department.
Consolidated, P/FDS and Community Living	С-2-е	Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.	Services that relatives or legal guardians can provide are limited to the following: In-Home and Community Support, Companion, Life Sharing, Supported Employment, Nursing and Transportation (Mile and Trip). Relatives and legal guardians who are not the participant's primary caregiver may also provide Supports Broker Services and Respite Services when the conditions listed above are met. The service definitions for In-Home and Community Support and Companion outlines limits for the number of hours that legally responsible individuals, relatives or legal guardians may provide each service or a combination of both services when authorized on the service plan. Legally responsible individuals as defined in appendix C-2-d may also provide the following services that do not have a personal care component: Supported Employment; and Transportation Mile or Trip solely to drive a minor child to and from a waiver service or a job that meets the definition of competitive integrated employment.	Services that relatives or legal guardians can provide are limited to the following: In-Home and Community Support, Companion, Life Sharing, Supported Employment, Nursing and Transportation (Mile and Trip). Relatives and legal guardians who are not the participant's primary caregiver may also provide Supports Broker Services and Respite Services when the conditions listed above are met. The service definitions for In-Home and Community Support and Companion outlines limits for the number of hours that legally responsible individuals, relatives or legal guardians may provide each service or a combination of both services when authorized on the service plan. Legally responsible individuals as defined in appendix C-2-d may also provide the following services that do not have a personal care component: Supported Employment; and Transportation Mile or Trip solely to drive a minor child to and from a waiver service or a job that meets the definition of competitive integrated employment.
Consolidated, P/FDS and Community	I-2-a	Rate Determination Methods	*Rates for the following services and components of a service are on the Medical Assistance fee schedule effective 7/1/17: Behavioral Support; Physical Therapy;	*Rates for the following services and components of a service are on the Medical Assistance fee schedule effective 7/1/17: Behavioral Support;

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Waivers			Visual/Mobility	Visual/Mobility
waivers			Therapy; Shift Nursing; Companion; Supports Broker; Residential enhanced staffing (Supplemental Habilitation and Additional Individualized Staffing which are discrete services not included in rates for Life Sharing, Supported Living and Residential Habilitation); In-Home and Community Support; Supported Employment; Respite (excluding respite camp); Small Group Employment; Homemaker/Chore; Advanced Supported Employment; Community Participation Support; Music, Art & Equine Assisted Therapy; Benefits Counseling; Communication Specialist; Consultative Nutritional Services; Housing Transition & Tenancy services; Family/Caregiver Training & Support (excluding training registration and fees); Supported Living & Supports Coordination. Effective 1/1/18, rates for the following services will transition to the MA fee schedule: Unlicensed & Licensed Residential Habilitation in Community Homes, Unlicensed Residential Habilitation in Life Sharing Homes and Adult and Child Life Sharing Homes. Effective 1/1/19, rates for Transportation (per trip) will transition to the MA fee schedule.	Therapy; Shift Nursing; Companion; Supports Broker; Residential enhanced staffing (Supplemental Habilitation and Additional Individualized Staffing which are discrete services not included in rates for Life Sharing, Supported Living and Residential Habilitation); In-Home and Community Support; Supported Employment; Respite (excluding respite camp); Small Group Employment; Homemaker/Chore; Advanced Supported Employment; Community Participation Support; Music, Art & Equine Assisted Therapy; Benefits Counseling; Communication Specialist; Consultative Nutritional Services; Housing Transition & Tenancy services; Family/Caregiver Training & Support (excluding training registration and fees); Supported Living & Supports Coordination. Effective 1/1/18, rates for the following services will transition to the MA fee schedule: Unlicensed & Licensed Residential Habilitation in Community Homes, Unlicensed Residential Habilitation in Life Sharing Homes and Adult and Child Life Sharing Homes. Effective 1/1/19, rates for Transportation (per trip) will transition to the MA fee schedule.
Consolidated, P/FDS and	I-2-a	Rate Determination	2. Cost-Based: Effective 1/1/19, there are no waiver services with cost-based rates.	2. Cost-Based: Effective 1/1/19, there are no waiver services with cost-based rates.
Community		Methods	services with cost-based rates.	rates.
Living Waivers		carous		The cost-based rates are developed in accordance with Department standards in 55 Pa. Code Chapter 51, or its successor, as follows: *Cost and utilization data is collected using a standardized cost report as prepared and submitted by providers of service. Cost reports undergo a desk review in which the reported data is analyzed by ODP or its designee for completeness & accuracy based on cost report instructions & standardized review procedures. *Cost report data is adjusted to reflect changes in the service definitions, if necessary, to account for differences in service definitions between the

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				historical reporting period and the period in which the rates will be in effect.
				* Providers who do not submit a cost report, do not successfully submit a
				cost report that is approved by ODP, or fail to submit an audit are assigned
				rates by ODP. New providers or current providers who offer new services
				(defined as providers that enroll and qualify to provide a new service after
				the cost report process is complete for that period and have no cost
				history) will also be assigned a rate by ODP. ODP assigns rates in the
				following manner:
				-A provider is assigned the average of the provider's cost-based rates for an
				existing service at a new service location if the provider has an approved
				cost-based rate at another service location. A provider shall be assigned
				the average of provider cost-based rates for new HCBS if:
				(1) The cost report of the provider did not contain the new HCBS because
				the HCBS was not delivered during the reporting period.
				(2) A provider is a new provider who was not delivering HCBS during the
				reporting period of the cost report.
				-A provider shall be assigned the lowest rate calculated Statewide based on
				all provider cost reports for HCBS if a provider was required and failed to
				submit a cost report.
				-A provider who is required to submit an audit & then fails to do so shall receive the lowest rate calculated Statewide.
				-A provider who submits an audit which indicates the information in the
				cost report requires adjustment & the provider does not submit a revised
				cost report, shall be assigned the lowest rate calculated Statewide.
				-A provider that chooses to not submit a cost report or the cost report is
				not approved will be assigned the lowest rate calculated Statewide for
				each cost-based service.
				*For providers whose cost reports are approved, the cost report data is
				reviewed undergo a review conducted by ODP or their designee. The
				review includes identifying outliers using a standardized set of criteria for
				all services with sufficient data points. For outliers, ODP conducts analysis
				to determine whether adjustments are needed to address variation among
				providers' unit costs.
				*Since the cost report data is from a historical time period, a Cost of Living
				Adjustment(COLA) is applied as appropriated by the General Assembly.

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				* Prior to the effective date of the rates, the methodology for calculating rates, including a description of the outlier review and rate assignment processes are communicated to the provider in the provider rate notice and in a public notice published in the Pennsylvania Bulletin. Cost report rates are implemented prospectively. *The individual provider rate notice includes information on the process to contact ODP on questions and concerns related to the provider rate notice. Providers have the right to appeal as outlined in 55 Pa. Code Chapter 41. The appeal language is included in the individual provider rate notice. *Providers meeting the criteria for audit submission outlined in I-2 are required to submit their Audited Financial Statements to ODP for review. ODP may require resubmission of the cost report if there are material differences between the independent audit and the approved cost report filed by the provider. ODP may also conduct additional audits of providers' costs reports. ODP may recalculate rates for providers who have material differences between their approved and resubmitted cost reports. *ODP has a process in place to allow for additional staffing costs above what is included in the approved cost report rate if there is a new participant entering the program that has above average staffing needs. Transportation providers are both private & local government agency providers. Effective 1/1/18, transportation (per trip) will be the only service remaining that utilizes the cost-based methodology.
Consolidated, P/FDS and Community Living Waiver	I-3-g-ii	Organized Health Care Delivery System	To render vendor services or Transportation (per trip) to participants, providers have three options: 1) they may choose to enroll directly with ODP; 2) they may choose to subcontract with an OHCDS for participants who do not self-direct the service(s); or 3) they may be qualified and receive payment through a FMS organization for participants who self-direct their services. Providers are not mandated to render vendor services through an OHCDS.	To render vendor services or Transportation (per trip) to participants, providers have three options: 1) they may choose to enroll directly with ODP; 2) they may choose to subcontract with an OHCDS for participants who do not self-direct the service(s); or 3) they may be qualified and receive payment through a FMS organization for participants who self-direct their services. Providers are not mandated to render vendor services through an OHCDS. OHCDS providers must meet the following criteria: • Enroll in PROMISe as a provider of Consolidated/PFDS/Community Living
			OHCDS providers must meet the following criteria: • Enroll in PROMISe as a provider of Consolidated/PFDS/Community Living Waiver services;	Waiver services; • Render at least one direct waiver service: (this does not include Transportation per trip);

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			• Render at least one direct waiver service (this does not	• Enter the direct waiver service(s) and along with the vendor service(s)
			include Transportation per trip);	and/or Transportation per trip they will offer as an OHCDS in HCSIS;
			 Enter the direct waiver service(s) and along with the 	• Successfully complete the Provider Qualifications module in HCSIS for the
			vendor service(s) and/or Transportation per trip they	direct waiver service(s) and as well as the vendor service(s) and/or
			will offer as an OHCDS in HCSIS;	Transportation per trip they provide and ensure the requirements of
			 Successfully complete the Provider Qualifications 	Appendix C, including provider qualification standards, are met;
			module in HCSIS for the direct waiver service(s) and as	Enter into a Provider Agreement for Participation in Pennsylvania's
			well as the vendor service(s) and/or Transportation per	Consolidated Waiver with ODP;
			trip they provide and ensure the requirements of	• Submit a bill through PROMISe for either the amount of the vendor good
			Appendix C, including provider qualification standards,	or service that is charged to the general public or for the fee schedule rate
			are met;	for Transportation per trip. See the last paragraph of this section for
			Enter into a Provider Agreement for Participation in	additional requirements related to payment for vendor services;
			Pennsylvania's Consolidated Waiver with ODP;	Cooperate with the Quality Assessment and Improvement (QA&I) process
			Submit a bill through PROMISe for either the amount	conducted by ODP or one of its designees, and ensure the subcontracted
			of the vendor good or service that is charged to the	vendor or transportation per trip provider cooperates with such monitoring
			general public or for the fee schedule rate for	when needed or requested;
			Transportation per trip. See the last paragraph of this	Cooperate with other monitoring activities, such as Supports Coordination
			section for additional requirements related to payment	monitoring, and ensure the vendor or transportation per trip provider
			for vendor services;	cooperates with such monitoring;
			Cooperate with the Quality Assessment and	Comply with regulatory requirements in 55 Pa. Code Chapter 51 or its
			Improvement (QA&I) process conducted by ODP or one	regulatory successor; and
			of its designees, and ensure the subcontracted vendor	Maintain documentation on service delivery.
			or transportation per trip provider cooperates with such	
			monitoring when needed or requested;	Providers that choose to enroll directly with ODP and not deliver a service
			 Cooperate with other monitoring activities, such as 	through an OHCDS must meet the following criteria:
			Supports Coordination monitoring, and ensure the	• Enroll in PROMISe as a provider of ODP waiver services;
			vendor or transportation per trip provider cooperates	• Enter the vendor service(s) or transportation per trip service they will offer
			with such monitoring;	in HCSIS;
			Comply with regulatory requirements in 55 Pa. Code	Successfully complete the Provider Qualifications module in HCSIS for the
			Chapter 51 or its regulatory successor; and	vendor or transportation per trip service(s) they provide and ensure the
			Maintain documentation on service delivery.	requirements of Appendix C, including provider qualification standards, are
				met;
			Providers that choose to enroll directly with ODP and	Enter into a Provider Agreement for Participation in Pennsylvania's
			not deliver a service through an OHCDS must meet the	Consolidated/PFDS/Community Living Waiver with ODP;
			following criteria:	

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Waiver(s) Impacted	Appen dix	Waiver Section	 Current Approved Language Enroll in PROMISe as a provider of ODP waiver services; Enter the vendor service(s) or transportation per trip service they will offer in HCSIS; Successfully complete the Provider Qualifications module in HCSIS for the vendor or transportation per trip service(s) they provide and ensure the requirements of Appendix C, including provider qualification standards, are met; Enter into a Provider Agreement for Participation in Pennsylvania's Consolidated/PFDS/Community Living Waiver with ODP; 	 Submit a bill through PROMISe for the amount of the vendor good or service that is charged to the general public or the fee schedule rate for transportation per trip; Cooperate with QA&I process conducted by ODP or one of its designees; Cooperate with other monitoring activities, such as when Supports Coordinators conduct monitoring visits with participants; and Maintain documentation on service delivery. Participants are provided with information on willing and qualified providers, as outlined in Appendix D-1-f. This information includes the providers identified in the ODP Services and Support Directory (SSD) for services
			 Submit a bill through PROMISe for the amount of the vendor good or service that is charged to the general public or the fee schedule rate for transportation per trip; Cooperate with QA&I process conducted by ODP or one of its designees; Cooperate with other monitoring activities, such as when Supports Coordinators conduct monitoring visits with participants; and Maintain documentation on service delivery. 	needed by the participant. The SSD includes both providers that function as an OHCDS and those that are directly enrolled to provide vendor or transportation per trip services. The participant is free to choose among the willing and qualified providers, including OHCDS, and vendors and/or transportation per trip providers directly enrolled to provide services. The SSD does not differentiate between providers functioning as an OHCDS and those that do not. The OHCDS is responsible to ensure that all subcontracted entities that will render the vendor and/or transportation per trip service meet the qualification criteria specified for the service.
			Participants are provided with information on willing and qualified providers, as outlined in Appendix D-1-f. This information includes the providers identified in the ODP Services and Support Directory (SSD) for services needed by the participant. The SSD includes both providers that function as an OHCDS and those that are directly enrolled to provide vendor or transportation per trip services. The participant is free to choose among the willing and qualified providers, including OHCDS, and vendors and/or transportation per trip providers directly enrolled to provide services. The SSD does not	Administrative Entities (AEs) are required to complete monitoring of all Waiver providers in accordance with this Waiver and as per ODP policies and procedures. The monitoring is required to be conducted to ensure ongoing compliance with the providers outlined in the current ODP/Provider Agreement, applicable licensing requirements, and written policies and procedures. The monitoring must include a review of compliance with applicable provider qualification standards for all services for which the provider is enrolled and qualified to render. The AE Operating Agreement requires AEs, as part of provider monitoring, to review OHCDS contracts with vendors and/or transportation trip providers to ensure they meet applicable state and federal requirements.

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Impacted	dix		differentiate between providers functioning as an OHCDS and those that do not. The OHCDS is responsible to ensure that all subcontracted entities that will render the vendor and/or transportation per trip service(s) meet the qualification criteria specified for the service. Administrative Entities (AEs) are required to complete monitoring of all Waiver providers in accordance with this Waiver and as per ODP policies and procedures. The monitoring is required to be conducted to ensure ongoing compliance with the providers outlined in the current ODP/Provider Agreement, applicable licensing requirements, and written policies and procedures. The monitoring must include a review of compliance with applicable provider qualification standards for all services for which the provider is enrolled and qualified to render. The AE Operating Agreement requires AEs, as part of provider monitoring, to review OHCDS contracts with vendors and/or transportation trip providers to ensure they meet applicable state and federal requirements. The cost of the vendor good or service must be the same cost charged to the general (or self-paying) public. The cost of the good must be verified by the AE. Prior to authorizing the service, the AE will verify that the cost of the vendor rate for goods or services does not exceed the rate charged to the general public.	The cost of the vendor good or service must be the same cost charged to the general (or self-paying) public. The cost of the good must be verified by the AE. Prior to authorizing the service, the AE will verify that the cost of the vendor rate for goods or services does not exceed the rate charged to the general public.