

Adult Autism Waiver Amendment
Effective Date: January 1, 2022

KEY - Bold = Recommended additions
Strikethrough = Recommended removal

Appendix	Waiver Section	Recommended Revised Language	Reason for Change
B-3-c	Reserved Waiver Capacity	<p>Purpose: Hospital/Rehabilitation Care</p> <p>ODP reserves waiver capacity for participants requiring:</p> <ul style="list-style-type: none"> • Hospital/ care beyond 30 consecutive days and up to 6 consecutive months from the first date of leave when they are not receiving any waiver services during that time; or • Rehabilitation care beyond 30 consecutive days and up to 6 consecutive months from the first date of leave. <p>Waiver capacity will be reserved for participants requiring hospital or rehabilitation care in the following settings: which are considered hospital/rehabilitation care include medical and psychiatric hospital settings, rehabilitation care programs and nursing homes. Waiver capacity will not be reserved for participants requiring hospital or rehabilitation care in the following settings: which are not considered hospital/rehabilitation care include residential treatment facilities, state mental health hospitals, approved private schools and private and state ICFs/ID.</p>	<p>This change aligns the waiver with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital.</p> <p>RCPA supports reserving capacity for individuals who require hospitalization or rehab care so that individuals may return to their home when they are able.</p>
B-3-f	Selection of Entrants to the Waiver	<p>For individuals who do not meet reserved capacity criteria, enrollment priority is given to individuals who meet the following criteria:</p> <ul style="list-style-type: none"> • Requested service prior to January 1, 2020; • Placed on the AAW priority 1 interest list prior to January 1, 2020; • Not receiving ongoing state funded or state and Federally funded long term support services (e.g., Medicaid HCBS Waiver supports; ICF/ID; nursing facility; services in a state hospital; Community Residential Rehabilitation Services; services in a Long-Term Structured Residence; Residential Treatment Facility; and extended acute care for people with serious mental illness); • Aged 18 or older; and • Meet LOC requirements. 	<p>ODP is amending the waiver to ensure that individuals on the Priority 1 interest list that are receiving long-term support services in congregate care settings are added to the AAW waiting list.</p>
B-6-f	Evaluation/	<p>Reevaluation Process Applicants who have been determined by the AE to meet program eligibility requirements specified in Appendix B-1, upon</p>	<p>ODP is aligning the Waiver language and processes with the</p>

	Reevaluation of Level of Care	<p>enrollment and then annually thereafter are evaluated by a physician, physician's assistant, or nurse practitioner licensed in the United States, using the MA51 to determine level of care.</p> <p>The MA51 is used to determine annual reevaluation of level of care for individuals enrolled in AAW and must be completed within 365 days of the previous MA51.</p> <p>If the MA51 indicates a person meets ICF/ID level of care criteria, ODP will assign a QDDP to assess whether the person requires ICF/ID level of care using the criteria in B-6-d.</p> <p>For reevaluations, Supports Coordinators assist physicians, physician's assistants, or certified registered nurse practitioners, licensed in the United States with completing the MA51 when necessary.</p> <p>The following process for level of care recertification must be met annually:</p> <p>The reevaluation of need for an ICF/ID or ICF/ORC level of care is to be made within 365 days of the individual's initial evaluation or reevaluation.</p> <p>The Medicaid agency must recertify that the individual continues to require an ICF/ID or ICF/ORC level of care in accordance with the criteria outlined in Appendix B-6-d of this Waiver. The reevaluation is based on an assessment of the individual's current social, psychological, and physical condition, as well as the individual's continuing need for home and community-based services. An individual shall meet the criteria for eligibility only when a representative of the Medicaid agency, based on review of the individual's social and psychological history, determines that the individual will benefit from a professionally developed and supported program of activities, experiences or therapies.</p> <p>All individuals require annual reevaluation of need for an ICF/ID or ICF/ORC level of care to continue to qualify for services funded under the Waiver.</p>	Consolidated, Community Living, and Person/Family Directed Support (P/FDS) Waivers.
B-6-h	Evaluation/Reevaluation of Level of Care	<p>Once enrolled in the waiver, level of care reevaluations are determined by the state Medicaid agency by persons who have at least three years of professional experience developing, implementing, or evaluating a human service program, and a bachelor's degree; or an equivalent combination of experience and training. Reevaluations are based on Supports Coordinators performing assessments and gathering information that is necessary to make an LOC determination as well as diagnoses and LOC recommendation made by a physician, physician's assistant, or certified registered nurse practitioner licensed in the United States.</p>	ODP is removing this language as it is in this section by error. ODP has modified Appendix B-6-f to describe the process for reevaluation.
C-1/C-3	Day Habilitation	Direct Day Habilitation may be provided using remote technology in homes where participants reside in accordance with ODP policy.	Through the COVID-19 pandemic, ODP has learned that there are

		<p>Remote Day Habilitation may only be rendered to a participant in their Residential Habilitation home (Community Home) when the participant:</p> <ul style="list-style-type: none"> • Routinely participates in Day Habilitation services in-person outside the home; and • Has a medical or behavioral condition that precludes their in-person participation for a temporary period of time. <p style="text-align: center;">***</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Participants may receive a maximum of 520 hours (2080 15-minute units) of direct service provided using remote technology per ISP year.</p>	<p>benefits to rendering certain services remotely when remote services meet the participant’s needs. This change will take effect in the waiver when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.</p> <p>RCPA supports allowing for remote services for many reasons. We do however request that there not be an arbitrary limit set on the amount of hours per person/per year. This is a decision that should be made by each individual and their team.</p>
C-1/C-3	Supported Employment	<p>Supported Employment is specific to the participant and can be provided both directly to the participant and indirectly for the benefit of the participant. For instance, if the participant has lost skills, or requirements of the job are expected to change, or a co-worker providing natural supports is leaving, the employer may wish to consult with the Supported Employment provider in person, by phone, by email or by text, regarding how best to address that issue and effectively support the participant. Direct Supported Employment services may be provided using remote technology in accordance with ODP policy.</p>	<p>Through the COVID-19 pandemic, ODP has learned that there are benefits to rendering certain services remotely when remote services meet the participant’s needs. This change will take effect in the waiver when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.</p>
C-1/C-3	Career Planning	<p>The Career Planning service provides support to the participant to identify a career direction; develop a plan for achieving competitive, integrated employment at or above the minimum wage; and obtain a job placement in competitive employment or self-employment. If the participant receives Specialized Skill Development services, the Career Planning service must be consistent with the participant’s Behavioral Support and Crisis Intervention Plans and/or Systematic Skill Building Plan. Career Planning may be provided concurrent with Supported Employment, Day Habilitation or Small Group Employment if the participant wants to obtain a</p>	<p>Through the COVID-19 pandemic, ODP has learned that there are benefits to rendering certain services remotely when remote services meet the participant’s</p>

		better job or different job while continuing paid work. Direct Career Planning services may be provided using remote technology in accordance with ODP policy.	needs. This change will take effect in the waiver when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.
C-1/C-3	Small Group Employment	<p>Small Group Employment services are direct services that provide community employment opportunities in which the participant is working alongside other people with disabilities. The intent of this service is to support individuals in the acquisition of knowledge, skills and experiences that lead in transition to competitive integrated employment, including self-employment. Small Group Employment occurs in a location other than may not be provided in a facility subject to Title-55 Pa. Code Chapter 2380 or Chapter 2390 regulations such as an integrated industry, business, or community setting. Small Group Employment does not include Supported Employment services. Participants must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work.</p> <p>Small Group Employment options include: mobile work force, work station in industry, affirmative industry, and enclave. Each of these options are delivered in integrated business, industry or community settings that do not isolate participants from others in the setting who do not have disabilities. Services must be provided in a manner that promotes engagement in the workplace and interaction between participants and people without disabilities including co-workers, supervisors, and customers, if applicable. Small Group Employment services are only billable when the participant is receiving direct support during the time that he or she is working and receiving wages through one of these service options or during transportation to a work site.</p> <p style="text-align: center;">***</p> <p>Affirmative Industry is a business that sells products or services where at least 51% of the employees do not have a disability. Supervisory personnel and staff of providers who are paid to render the Small Group Employment service cannot be counted in the percentage of employees who do not have a disability.</p> <p>Enclave is a business model where a small group of participants are employed by a business/industry to perform specific job functions while working alongside workers without disabilities.</p> <p style="text-align: center;">***</p>	ODP is providing clarification for the Small Group Employment service to ensure it is delivered as intended.

		Effective 7/1/19 , Small Group Employment may be provided without referring a participant to OVR as OVR does not provide Small Group Employment services.	
C-1/C-3	Supported Employment, Career Planning, and Small Group Employment <i>Provider Qualifications</i>	Staff working directly with the participant must have one of the following by 7/1/2021 or within 6 nine months of hire if hired after 1/1/2021: <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or • Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. <p>Effective 7/1/2021, newly hired staff who do not have the required certification when hired must work under the supervision of someone who is certified. This can occur for no longer than 6nine months from the date of hire to allow the new hire time to obtain the certification.</p>	The deadline for when staff are required to have one of the certifications after hire has been extended.
C-1/C-3	Supports Coordination	Supports Coordination involves the location, coordination, and monitoring of needed services and supports. The Supports Coordinator (SC) assists participants in obtaining and coordinating needed waiver and other State plan services, as well as housing, medical, social, vocational, and other community services, regardless of funding source. This includes locating, coordinating and monitoring needed services and supports when a participant is admitted to a nursing home for less than 30 days or a hospital for any duration of time.	ODP is adding a provision that Supports Coordination services can be delivered in a nursing home or hospital.
C-1/C-3	Assistive Technology	Assistive technology devices costing \$500 \$750 or more must be recommended by an independent evaluation of the participant's assistive technology needs, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant on the customary environment of the participant.	This change is being made to support participants' ability to receive direct services remotely.
C-1/C-3	Home Modifications	These are physical modifications to the primary private residence of the participant (including homes owned or leased by parents/relatives with whom the participant resides and life sharing homes that are privately owned, rented, or leased by the host family). The modification(s) must be which are necessary to ensure the health, security of, and accessibility for the participant and/or to enable the participant to function with greater independence in the home. These modifications must be outlined in the participant's ISP. If the participant receives Specialized Skill Development/Behavioral Specialist Services, modifications must be consistent with the participant's behavioral support plan and crisis intervention plan.	The Home Modifications service definition was revised to reflect the coverage of home accessibility durable medical equipment through the Medical Assistance state plan. In addition, changes were made to better align the

	<p>Home modifications must have utility primarily for the participant and be specific to the participant's needs. Home modifications that are solely for the benefit of the public at large, staff, significant others, or family members will not be approved. Home modification must be an item that is not part of general maintenance of the home, and be an item of modification that is not included in the payment for room and board. Home modifications include the cost of installation, repair, maintenance, and extended warranties for the modifications; and when necessary to comply with rental/lease agreements, return of the property to its original condition.</p> <p>All modifications must meet the applicable standards of manufacture, design, and installation and shall be provided in accordance comply with applicable building codes. Modifications not of direct medical or remedial benefit to the participant are excluded.</p> <p>Modifications are limited to: The following are covered as modifications to a household subject to funding under the Waiver:</p> <ul style="list-style-type: none"> A. Alarms and motion detectors on doors, windows, and/or fences; B. Brackets for appliances; C. Locks; D. Modifications needed to accommodate a participant's special sensitivity to sound, light or other environmental conditions; E. Outdoor gates and fences; F. Replacement of glass window panes with a shatterproof or break resistant material; G. Raised or lowered electrical switches and sockets; and Home adaptations for participants with physical limitations, such as ramps, grab bars, widening of doorways H. Widened doorways, landings, and hallways; or I. Modifications of bathroom facilities. <p>For home accessibility durable medical equipment used by participants with a mobility impairment to enter and exit their home or to support activities of daily living covered by medical assistance in the state plan (such as ramps, lifts, stair glides, handrails, and grab bars), Home Modifications shall only include the following:</p> <ul style="list-style-type: none"> • Extended warranties for the home accessibility durable medical equipment. • Repairs of the home, including repairs needed as a result of the installation, use or removal of the home accessibility durable medical equipment or appliance. • Any of the following required to install home accessibility durable medical equipment: <ul style="list-style-type: none"> ○ Adding internal supports such that the support requires access to the area behind a wall or ceiling or underneath the floor to install home accessibility durable medical equipment. ○ Constructing retaining walls or footers for a retaining wall if needed to install home accessibility durable medical equipment. ○ Modifications to an existing deck. 	<p>service definition with the Intellectual Disability/Autism Waivers administered by ODP.</p> <p>Please note, the other changes were made to restructure the content for clarity.</p>
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C-1/C-3	Nutritional Consultation	<p>Telephone consultation is allowable a) if the driving distance between the provider and the participant is greater than 30 miles; b) if telephone consultation is provided Services are rendered according to a plan for nutritional consultation services based on an in-person assessment of the participant’s nutritional needs. Both the assessment and subsequent direct Nutritional Consultation services may be provided using remote technology in accordance with ODP policy.; and c) if telephone consultation is indicated in</p>	Through the COVID-19 pandemic, ODP has learned that there are benefits to rendering certain services remotely when remote services meet the participant’s

		<p>the participant's ISP. If the participant receives Behavioral Specialist Services, the services delivered must be consistent with the participant's behavioral support plan and crisis intervention plan. This service does not include the purchase of food.</p>	<p>needs. This change will take effect in the waiver when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.</p>
C-1/C-3	Specialized Skill Development	<p>Behavioral Specialist, Specialized Systematic Skill Building, and Community Support may be furnished in a participant's home and at other community locations, such as libraries or stores. This service may also be delivered in a hospital, when the participant is hospitalized and as described below.</p> <p>Behavioral Specialist, Systematic Skill Building, or Community Support services may be delivered in a hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:</p> <ul style="list-style-type: none"> • Identified in a participant's service plan; • Provided to meet needs of the participant that are not met through the provision of hospital services; • Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant's functional abilities; and • Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement. <p>Systematic Skill Building or Community Support services can only be provided in a hospital setting to assist the participant with one or more of the following:</p> <ul style="list-style-type: none"> • Communication; • Intensive personal care; or • Behavioral support/behavioral stabilization as enumerated in the behavioral support plan. <p>Behavioral Specialist services can only be provided in a hospital setting to assist the participant with one or more of the following:</p> <ul style="list-style-type: none"> • Communication; or • Behavioral support/behavioral stabilization as enumerated in the behavioral support plan. <p>Direct Behavioral Specialist, Systematic Skill Building and/or Community Support services may be provided using remote technology in accordance with ODP policy.</p> <p style="text-align: center;">***</p>	<p>Through the COVID-19 pandemic, ODP has learned that there are benefits to rendering certain services remotely when remote services meet the participant's needs.</p> <p>Changes to this service definition also aligns the Waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital.</p> <p>These changes will take effect in the waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.</p>

		<p>1. BSS-Initial BSP Development:</p> <p>The BSS Provider:</p> <ul style="list-style-type: none"> • Conducts a Functional Behavior Assessment (FBA) of behavior and its causes, and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate BSP may be designed; • Develops an individualized, comprehensive BSP – a set of interventions to be used by people coming into contact with the participant to increase and improve the participant’s adaptive behaviors. The BSP may not include physical restraints as behavioral interventions. Physical restraints may only be utilized in accordance with 55 Pa. Code §§6100.348 and 6100.349 in the case of an emergency or crisis to prevent a participant from immediate physical harm to the participant or others. BSPs that include restrictive procedures must be approved by a human rights team prior to implementation. ODP expects that, regardless of the number of providers supporting a participant, continuity of care will be maintained through ongoing team communication and collaboration. Ideally, there should be one BSP for the participant that is integrated and comprehensive and incorporates support strategies for all environments. If there is more than one Behavioral Specialist working with the participant, the BSP can reflect joint authorship. • The BSP will be developed within 60 days of the start date of the BSS. • Develops a CIP that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator (SC) and other appropriate waiver service providers will be kept informed of the precursors of the participant’s challenging behavior, and the procedures/interventions that are most effective to deescalate the challenging behaviors. • Enters the BSP and the CIP into HCSIS. • Upon completion of plan development, meets with the participant, family members, SC, other providers, and employers to explain the BSP and the CIP to ensure all parties understand the plans. <p>The BSP justifies necessary levels of BSS. ODP reviews the amount of direct and consultative service requested before authorization to ensure it is appropriate given the needs identified.</p>	<p>This change is being made to update waiver language to clarify when physical restraints are included in behavior support plans to align with regulatory requirements.</p>
C-1/C-3	Temporary Supplemental Services	<p>Temporary Supplemental Services may be delivered in a hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:</p> <ul style="list-style-type: none"> • Identified in a participant’s service plan; • Provided to meet needs of the participant that are not met through the provision of hospital services; • Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant’s functional abilities; and • Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement. 	<p>This change aligns the waiver with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital.</p>

		<p>Temporary Supplemental Services can only be provided in a hospital setting to assist the participant with one or more of the following:</p> <ul style="list-style-type: none"> • Communication; • Intensive personal care; or • Behavioral support/behavioral stabilization as enumerated in the behavioral support plan. 	
C-1/C-3	Therapies - Counseling	<p>Therapy services are direct services provided to assist individuals in the acquisition, retention, or improvement of skills necessary for the individual to live and work in the community; and must be attached to an individualized outcome. Direct Therapy services may be provided using remote technology in accordance with ODP policy. The need for the service must be evaluated on a periodic basis, at least annually or more frequently as needed as part of the ISP service plan process. This evaluation must review whether the individual continues to require the current level of authorized services and that the service continues to result in positive outcomes for the individual. It is recognized, however, that long-term Therapy services may be necessary due to an individual's extraordinary medical or behavioral conditions. The need for long-term Therapy services must be documented in the individual's ISP service plan.</p>	<p>Through the COVID-19 pandemic, ODP has learned that there are benefits to rendering certain services remotely when remote services meet the participant's needs. This change will take effect in the waiver when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.</p>
C-1/C-3	<p>Residential Habilitation and Licensed Out-of-Home Respite</p> <p><i>Provider Qualifications</i></p>	<p><i>Provider Qualifications for Residential Habilitation (Community Home and Life Sharing):</i> For all provider types, individuals furnishing this service must:</p> <p style="text-align: center;">***</p> <p>Have criminal history clearances per 35 P.S. § 10225.101 et seq. and 6 Pa. Code Chapter 15. If the criminal history clearance results identify a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual's rehabilitation; and • The nature and requirements of the job. <p>Documentation of review must be maintained for any staff that were hired whose criminal history clearance results identified a criminal record.</p>	<p>This change clarifies the requirements for criminal history clearances to promote the safety of participants while supporting quality services from qualified staff.</p>

C-1/C-3	Provider Qualifications for multiple services	<p><i>Provider Qualifications for all direct services except Residential Habilitation (Community Home and Life Sharing):</i></p> <p>Individuals furnishing this service must:</p> <p style="text-align: center;">***</p> <p>Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p>	This change clarifies the requirements for criminal history clearances to promote the safety of participants while supporting quality services from qualified staff.
C-2-a	Criminal History and/or Background Investigations	<p>Provider agencies are required to obtain criminal background checks prior to hiring for all staff that provide direct services to any waiver participant. To comply with this requirement, providers must obtain a report of criminal history record information from the Pennsylvania State Police for staff who have been a resident of the Commonwealth for at least two years. For staff who have been a resident of Pennsylvania for less than two years, or currently reside in another state, a report of Federal criminal history record information must be obtained from the Federal Bureau of Investigation (FBI). A copy of the report(s) received from the Pennsylvania State Police and/or the FBI must be maintained in the provider’s records for a minimum of five years. As part of the waiver program’s annual monitoring cycle, provider qualifications are reviewed. The review includes an examination of providers’ personnel records for all direct care staff working with the participants in the sample to assure that criminal history background checks were obtained in a timely manner and do not list any offenses that would exclude the staff from providing services to waiver participants. Excluded offenses are in accordance with the Department of Aging’s Older Adult Protective Services Act policy. The</p>	This change clarifies the requirements for criminal history clearances to promote the safety of participants while supporting quality services from qualified staff and aligns this section of the AAW with the Consolidated, Community Living, and P/FDS Waivers.

		<p>guidance for these policies can be found in 55 Pa. Code § 51.20 Criminal History Check; 55 Pa. Code § 6400.21 Criminal History Record Check; and 55 Pa. Code § 6500.23 Criminal History Record Check.</p> <p>ODP requires criminal background checks for all staff (which includes contractors or consultants) and volunteers who provide a waiver service through direct contact with a participant or are responsible for the provision of the service for a participant.</p> <p>A volunteer is defined as a person who:</p> <ol style="list-style-type: none"> 1. Provides one or more direct waiver services to a participant as authorized in the service plan, 2. Has unsupervised contact with the participant when providing the service(s), i.e. is alone with the participant, 3. Has freely chosen not to receive monetary compensation for provision of the service(s), and 4. Provides the service(s) on behalf of a qualified provider that has been authorized in a service plan to receive reimbursement for the service(s). <p>Requirements for criminal background checks are specified at 55 Pa. Code § 6100.47 (relating to criminal history checks) and in the qualifications for each waiver service definition. Additionally, Residential Habilitation and Life Sharing providers are subject to the criminal history background check requirements specified in the Older Adults Protective Services Act (35 P.S. § 10225.101 et seq) and 6 Pa. Code Chapter 15 (relating to Protective Services for Older Adults).</p> <p>Compliance with background check requirements is verified through initial and ongoing provider qualification reviews, as well as provider monitoring conducted by ODP or the ODP Designee. For licensed providers, compliance with the licensing regulations is also verified through annual licensing inspections.</p>	
C-5	Home and Community-Based Settings	<p>CMS requested that information regarding Home and Community-Based Settings be moved to the Main Module, Attachment 2: Home and Community-Based Settings Waiver Transition Plan.</p> <p>Waiver funding cannot be used to provide any service in any private home purchased for, developed for or promoted as serving people with Autism in a manner that isolates or segregates the participant from the community of individuals not receiving waiver services.</p> <p>Further, waiver funding cannot be used to provide any service in a private home that has the effect of isolating the participant from the broader community of individuals not receiving waiver services as evidenced by any of the following:</p> <ul style="list-style-type: none"> • Due to the design or model of service provision, participants have limited, if any, opportunities for interaction in and with the broader community, including with individuals not receiving waiver services; 	<p>Language has been added to align with current guidance from the Centers for Medicare and Medicaid Services (CMS).</p> <p>CMS requested that this information be moved to section C-5 of the waivers.</p> <p>Settings should be based on individual’s choice and needs. Private homes or other settings that are developed to serve</p>

		<ul style="list-style-type: none"> • The participant’s choice to receive services or engage in activities outside of the home is restricted; or • The home is physically located separate and apart from the broader community and does not facilitate opportunities for the participant to access the broader community and participate in community services, consistent with the participant’s person-centered service plan. 	<p>people with autism or intellectual and developmental disabilities should not be disallowed in the waiver programs. The focus should be on the services provided and opportunities for individuals to participate in their communities as they choose.</p>
G-2-a-i	Safeguards Concerning the Use of Restraints	<p>ODP only permits physical restraints, defined as a manual method that restricts, immobilizes or reduces an individual’s ability to move his arms, legs, head or other body parts freely. Physical restraints may only be used in the case of an emergency or crisis to prevent an individual from immediate physical harm to himself or others. A physical restraint may not be used for more than 30 cumulative minutes within a 2-hour period.</p> <p style="text-align: center;">***</p> <p>Physical restraints must be included in the service behavior support plan and must be approved by a human rights team prior to implementation. The behavior support plan and service plan must be reviewed, and revised, if necessary, according to the time frame established by the human rights team, not to exceed 6 months. The behavior support service plan with permitted restrictive interventions, including physical restraints, must be summarized in the service plan and include: (1) The specific behavior to be addressed. (2) An assessment of the behavior including the suspected reason for the behavior. (3) The outcome desired. (4) Methods for facilitating positive behaviors such as changes in the individual’s physical and social environment, changes in the individual’s routine, improving communications, recognizing and treating physical and behavior health conditions, voluntary physical exercise, redirection, praise, modeling, conflict resolution, de-escalation and teaching skills. (5) Types of restrictive procedures that may be used and the circumstances under which the procedures may be used. (6) A target date to achieve the outcome. (7) The amount of time the restrictive procedure may be applied. (8) The name of the staff person responsible for monitoring and documenting progress with the individual plan.</p>	<p>Clarification was added regarding the expectation that physical restraints be included in behavior support plans in alignment with regulations.</p>