

Consolidated, Community Living and P/FDS Waiver Amendments

Effective Date: January 1, 2022

KEY

Bold = Recommended additions

Strikethrough = Recommended removal

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
Consolidated, P/FDS, and Community Living Waivers	Main Module	1-F: Request Information – Level(s) of Care	<p><input checked="" type="checkbox"/> <i>Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150). If applicable, specify whether the state additionally limits the waiver to subcategories of the ICF/IID level of care:</i></p> <p>People of any age with a diagnosis of an developmental disability, intellectual disability or autism, children with a developmental disability under age 9 with a high probability of resulting in an intellectual disability or autism and children under age 22 with a developmental disability due to a medically complex condition as defined by outlined in appendix B-6 of this waiver and ODP policy regarding individual eligibility for Medicaid Waiver services.</p>	<p>The FY 21/22 budget includes funds for an initiative to expand ODP Home and Community-Based Services for children with a medically complex condition.</p> <p>There have been no changes to level of care requirements for individuals with a diagnosis of intellectual disability or autism or for children with a developmental disability with a strong likelihood of developing an intellectual disability or autism.</p> <p>We recognize and appreciate the importance of developing services for children with medically complex needs, but are concerned about the capacity of providers and SCOs. Is a better alternative to amend the Community Health Choices waiver to include children who have medical complex needs since that system has the medical</p>

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				capacity and experience? Minimally, there needs to be a detailed outline of the documentation that would be required in regards to Medically Complex Conditions when EPSDT and Community Health Choices could be an option in terms of waiver as a funding of last resort.
Consolidated, P/FDS and Community Living Waivers	Main Module	2: Brief Waiver Description:	The Consolidated, P/FDS, Community Living Waiver has been developed to emphasize deinstitutionalization, prevent or minimize institutionalization and provide an array of services and supports in community-integrated settings. The Consolidated, P/FDS, Community Living Waiver is designed to support persons of any age with an developmental disability intellectual disability or autism, children with a developmental disability under age 9 with a high probability of resulting in an intellectual disability or autism and children under age 22 with a developmental disability due to a medically complex condition to live more independently in their homes and communities and to provide a variety of services that promote community living, including participant directed service models and traditional agency-based service models.	The FY21/22 budget includes funds for an initiative to expand ODP Home and Community-Based Services for children with a medically complex condition. <i>Will the new waiver “slots” be given to children who are currently on the wait list who meet this criteria, or will a new list be developed? What will be done to help with building capacity in the community? Will the number of slots designated for this increase in future years? We have a concern regarding risk management for this population given the current resources available to SCOs, and providers in regard to medical expertise and professional support. The rates for this service would</i>

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				need to be adequate to allow for the additional supports necessary.
Consolidated, Community Living, and P/FDS Waivers	B-1-a	Target Groups	x Intellectual Disability or Developmental Disability, or Both x Autism – Minimum Age: 0, Maximum Age Limit: none x Developmental Disability – Minimum Age: 0, Maximum Age Limit: 8-21 x Intellectual Disability – Minimum Age: 0, Maximum Age Limit: none	The FY21/22 budget includes funds for an initiative to expand ODP Home and Community-Based Services for children with a medically complex condition. If the age limit listed here for developmental disability is age 21, what will happen to these individual at age 22?
Consolidated Community Living, and P/FDS Waivers	B-1-c	Transition of Individuals Affected by Maximum Age Limitation.	Participants who are enrolled with a developmental disability with a high probability of resulting in an intellectual disability or autism will be reevaluated using the ICF/ID criteria for an intellectual disability or ICF/ORC criteria for a diagnosis of autism during their 8th year (prior to their 9th birthday). If they are eligible, they will continue to receive waiver services. If the participant is not eligible, he or she will be referred to other resources. Individuals will be referred to the Office of Children, Youth and Families as applicable and the Office of Mental Health and Substance Abuse Services. Individuals who have a developmental disability due to a medically complex condition have the option to enroll in the waiver only if they are age 0 to 21. Once a participant reaches age 22, the participant will be given the option to remain enrolled in the waiver after age 22 or transition to another program.	The FY21/22 budget includes funds for an initiative to expand ODP Home and Community-Based Services for children with a medically complex condition. Much needs to be done to prepare the community services to handle this population including providers receiving training, supports, etc. If 20 children are not able to be placed with in the year, will the funds continue to be available the following year (not lost)
Consolidated Waiver	B-3-a	Unduplicated Number of Participants	Year 5 – 18981 19,081	The FY 21/22 budget includes funding for 100 additional individuals to be served in the Consolidated Waiver, including 20 children with a medically complex condition. Why is the Consolidated waiver only impacted here, yet

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				above changes also include P/FDS and Community Living?
Consolidated and Community Living Waivers	B-3-c	Reserved Waiver Capacity	<p><i>Purpose (provide a title or short description to use for lookup):</i> Children with a Medically Complex Condition</p> <p><i>Purpose (describe):</i> Administrative Entities (AEs) work in conjunction with ODP and its designees to anticipate and prioritize the needs of children with a medically complex condition who are expected to require waiver services within the year due to transition or diversion from an extended hospital stay or from a facility licensed under 55 Pa. Code Chapter 3800, 6400 or 6600 that does not meet waiver HCBS requirements.</p> <p><i>The capacity that the State reserves in each waiver year is specified in the following table:</i> Year 1 – 0 Year 2 – 0 Year 3 – 0 Year 4 – 20 Consolidated and 20 Community Living Year 5 – 20 Consolidated and 20 Community Living</p>	The FY 21/22 budget includes funds for an initiative to expand ODP Home and Community-Based Services for children with a medically complex condition.
Consolidated, Community Living and P/FDS Waivers	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</p>	<p>This change 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>We support reserving capacity and also request clarification – when individuals enter rehab care, will individuals enter reserved capacity, or must they enter CHC?</p>

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			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.	Also we request that these requirements be aligned with the TSM regulations.
Consolidated, Community Living and P/FDS Waivers	B-6-d	Level of Care Criteria	<p>3. Developmental Disability with a high probability of intellectual disability or autism prior to age 9 ICF/ORC</p> <p style="text-align: center;">***</p> <p>4. Developmental Disability due to a medically complex condition prior to age 22 ICF/ORC</p> <p>i. There are four fundamental criteria that must be met prior to an individual being determined eligible for an ICF/ORC level of care:</p> <ol style="list-style-type: none"> 1. Have a medically complex condition defined as one or more chronic health conditions that meet both of the following: (a) cumulatively affect three or more organ systems; and (b) require medically necessary nursing intervention to execute medical regimens to use technology for respiration, nutrition, medication administration or other bodily functions; 2. Individual is 21 years of age or younger; 3. Have substantial adaptive skills deficits in three or more areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living based on a standardized adaptive functioning test; and 4. Be recommended for an ICF/ORC level of care based on a medical evaluation. 	<p>The FY21/22 budget includes funds for an initiative to expand ODP Home and Community-Based Services for children with a medically complex condition.</p> <p>There have been no changes to level of care requirements for individuals with a diagnosis of intellectual disability or autism or for children with a developmental disability with a strong likelihood of developing an intellectual disability or autism.</p>
Consolidated, Community Living and P/FDS Waivers	B-6-f	Process for Level of Care Evaluation/Reevaluation	<p>The following four criteria must be met to document a diagnosis of a medically complex condition and determine eligibility upon initial certification:</p> <p>1. A licensed physician, including a developmental pediatrician, licensed physician's assistant or certified registered nurse practitioner must certify on DP 1090 that the individual has a medically complex condition.</p>	The FY21/22 budget includes funds for an initiative to expand ODP Home and Community-Based Services for children with a medically complex condition.

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			<p>2. A QDDP certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning which shows that the individual has both of the following:</p> <p>a. Significant limitation in meeting the standards of maturation, learning, personal independence, or social responsibility of his or her age and cultural group; and</p> <p>b. Substantial adaptive skill deficits in three or more areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living based on a standardized adaptive functioning test.</p> <p>3. The individual is 21 years of age or younger.</p> <p>4. The results of a medical evaluation completed within the previous 365 days that reflects the individual's current medical condition. The medical evaluation may be the medical evaluation approved by the Department (Form MA 51), or an examination that is completed by a licensed physician, licensed physician's assistant, or certified registered nurse practitioner that states the individual is recommended for an ICF/ORC level of care.</p>	There have been no changes to level of care requirements for individuals with a diagnosis of intellectual disability or autism or for children with a developmental disability with a strong likelihood of developing an intellectual disability or autism.
Consolidated Community Living, and P/FDS Waivers	C-1/C-3	Homemaker/Chore	<p>HOMEMAKER</p> <p>Homemaker services enable the participant or the family member(s) or friend(s) with whom the participant resides to maintain their primary private home. This service can only be provided when a household member is temporarily absent or unable to manage the home, or when no landlord or provider agency staff is responsible to perform the homemaker activities. Homemaker services include cleaning and laundry, meal preparation, and other general household care. Homemaker services also include infection control measures and intensive cleaning for participants whose medically complex condition requires this level of service. Infection control and intensive cleaning can include cleaning medical equipment, disinfecting the home, etc.</p> <p>CHORE</p>	<p>The Homemaker/Chore service definition was revised to meet the specific needs of participants with a medically complex condition.</p> <p>Please note, other changes were made to restructure the content for clarity.</p> <p>RCPA Supports this proposed change to expand this definition</p>

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			<p>Chore services consist of services needed to maintain the home in a clean, sanitary, and safe condition. Chore services consist of heavy household activities such as washing floors, windows, and walls; tacking down loose rugs and tiles; moving heavy items of furniture in order to provide safe access and egress; ice, snow, and/or leaf removal; and yard maintenance. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. Maintenance in the form of upkeep and improvements to the participant’s home is excluded from federal financial participation.</p> <p>Homemaker/Chore services can only be provided in the following situations when there is no other relative, caregiver, landlord, community/volunteer agency, provider agency staff, or third-party payer that is capable of or responsible for the provision:</p> <ul style="list-style-type: none"> • Neither the participant, nor anyone else in the household, is capable of performing the function; and • No other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for the provision. <p>1. When a participant and household members are temporarily unable to perform Homemaker/Chore functions covered under the service definition. Examples include:</p> <ul style="list-style-type: none"> • If a participant has a temporary medical need due to a hospitalization or from a surgery, and as a result, the caregiver does not have time to perform the Homemaker/Chore functions due to the increased care needs of the participant. • If the caregiver who usually performs the Homemaker/Chore functions has a temporary medical condition that renders them unable perform the Homemaker/Chore functions. There is no one else that is capable of or responsible for the provision of the Homemaker/Chore functions. • The household member who usually performs the Homemaker/Chore functions is temporarily absent and there is no one else that is capable of or responsible for the provision of the Homemaker/Chore functions. <p>2. When a participant or household member is permanently unable to perform the Homemaker/Chore functions. Examples include:</p>	

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			<ul style="list-style-type: none"> The participant has a medical need or disability that requires constant direct care which results in the caregiver not having time on a routine basis to perform Homemaker/Chore functions. The caregiver has more than 1 child and Homemaker/Chore services would enable the caregiver to spend more time providing care to the child participant who has a medical need or disability. <p>The service plan team is responsible for determining whether a person is temporarily or permanently unable to perform the Homemaker/Chore functions. The service plan team's determination must be documented in the service plan.</p> <p>Participants authorized to receive Homemaker/Chore services may not be authorized to receive the following services as Homemaker/Chore tasks are built into the rates for these services: Residential Habilitation Services, Life Sharing or Supported Living. This service must be delivered in Pennsylvania.</p>	
Consolidated Community Living, and P/FDS Waivers	C-1/C-3	Home Accessibility Adaptations	<p>Home accessibility adaptations are an outcome based vendor service that consists of certain modifications to the private home of the participant (including homes owned or leased by parents/relatives/friends with whom the participant resides and Life Sharing homes that are privately owned, rented, or leased by the host family or participant). The modification(s) must be necessary due to the participant's disability or medical needs, to ensure the health, security of, and accessibility for the participant, or which enable the participant to function with greater independence in the home. This service may only be used to adapt the participant's primary residence. For participants with a medically complex condition who need home accessibility adaptations to transition from an institutional setting, the adaptations can occur no more than 180 days prior to the participant moving into their primary residence. A provider or OHCDs may not bill for home accessibility adaptations until the participant moves out of the institutional setting and into the participant's primary residence. may not be furnished to adapt homes that are owned, rented, leased, or operated by providers except when there is a needed adaptation for participants residing in a Life Sharing setting and the life sharing</p>	<p>The Home Accessibility Adaptation service definition was revised to meet the specific needs of participants with a medically complex condition and to reflect the coverage of home accessibility durable medical equipment through the Medical Assistance state plan.</p> <p>Please note, other changes were made to restructure the content for clarity.</p> <p>We believe that finding contractors to provide these services that will</p>

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			<p>host home is owned, rented or leased by the host and not the Life Sharing provider agency.</p> <p>Home accessibility adaptations must have utility primarily for the participant, be an item of modification that the family would not be expected to provide to a family member without a disability, be an item that is not part of general maintenance of the home, and be an item or modification that is not part of room and board costs as defined in 55 Pa. Code Chapter 6200. Home modifications consist 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 shall meet the applicable standards of manufacture, design, and installation and Modifications shall be specific to the participant's needs and not be approved to benefit the public at large, staff, significant others, or family members; modifications or improvements to the home that are of general utility are excluded. All adaptations to the household shall be provided in accordance with applicable building codes.</p> <p>Modifications not of direct medical or remedial benefit to the participant are excluded.</p> <p>The following are covered as modifications to a household subject to funding under the Waivers:</p> <ul style="list-style-type: none"> • Ramps from street, sidewalk or house; • Vertical lifts; • Portable or track lift systems. A portable lift system is a standing structure that can be wheeled around. A track lift system involves the installation of a "track" in the ceiling for moving an individual with a disability from one location to another; • Handrails and grab bars in and around the home; • Accessible alerting systems for smoke/fire/CO2 for individuals with sensory impairments. 	<p>agree to wait for payment until the individual moves to the new site will be very difficult. Also will air conditioning cover the entire site, or only the room the individual uses? If the expenditures will exceed the limit, is there a variance process? What modifications to existing deck are allowable (ie modifications need to be defined by an OT or PT?) How will bidding process be coordinated with state plan vendor? In situations where parents share joint custody, is the limit per person still in place?</p>

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			<ul style="list-style-type: none"> • Electronic systems that enable someone with limited mobility to control various appliances, lights, telephone, doors, and security systems in their room, home or other surroundings. • Outside railing from street to home; • Widened doorways, landings, and hallways. • An additional doorway needed to ensure the safe egress of the participant during emergencies, when a variance is approved by the ODP Regional Office (a variance is not required for participants with a medically complex condition). • Swing clear and expandable offset door hinges. • Flush entries and leveled thresholds. • Replacement of glass window panes with a shatterproof or break resistant material for participants with behavioral issues as noted in the participant’s service plan; • Slip resistant flooring. • Kitchen counter, major appliance, sink and other cabinet modifications. • Modifications to existing bathrooms for bathing, showering, toileting and personal care needs. • Bedroom modifications of bed, wardrobe, desks, shelving, and dressers. • Stair gliders and stair lifts. 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; • Workroom modifications to desks and other working areas. • Modifications needed to accommodate a participant’s special sensitivity to sound, light, or other environmental conditions. <p>In addition to the modifications listed above, the following home accessibility adaptations are also included for participants with a medically complex condition:</p> <ul style="list-style-type: none"> • Air conditioning if the participant has a medical need for specific temperature regulation. • Electrical rewiring if the participant needs life-support equipment. 	

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			<ul style="list-style-type: none"> • Installation of specialized electric and plumbing systems that are necessary to accommodate the participant’s medical equipment and supplies. • Installation of flooring supports needed to support the weight of the participant’s medical equipment. <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 Accessibility Adaptations 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. ○ Widening a doorway. ○ Upgrades to the home’s electrical system. ○ Demolition of drywall or flooring. <p>Home Accessibility Adaptations do not include modifications that:</p> <ul style="list-style-type: none"> • Are not specifically identified in the service definition. • Are not of direct medical or remedial benefit to the participant. • Are not needed as a result of the participant’s medical needs or disability. • The family or caregiver would be expected to make for an individual without a disability. • Are for general maintenance of the home. • Are part of room and board. 	

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			<ul style="list-style-type: none"> • Have a primary benefit for a caregiver, staff person, family member, or the public at large. • Are used in the construction of a new home or any new room in the home. • Are durable medical equipment. <p>Adaptations that add to the total square footage to the home is excluded from this service, unless an adaptation to an existing bathroom is needed to complete the home accessibility adaptation (e.g., necessary to configure a bathroom to accommodate a wheelchair). Building a new room is excluded. Home accessibility adaptations may not be used in the construction of a new home.</p> <p>Durable medical equipment is excluded. To the extent that any listed services are covered under the state plan, including EPSDT, the services under the waiver would be limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding institutionalization.</p> <p>At least three bids must be obtained for Home Accessibility Adaptations that cost more than \$1,000. The least expensive bid must be chosen, unless there is documentation from the service plan team that justifies not choosing the lowest bid. If three contractors, companies, etc. cannot be located to complete the Home Accessibility Adaptations, documentation of the contractors or companies contacted must be kept in the participant's file.</p> <p>Participants authorized to receive Residential Habilitation services may not be authorized to receive Home Accessibility Adaptations. This service must be delivered in Pennsylvania.</p> <p>Maximum state and federal funding participation is limited to \$20,000 per participant during a 10-year period. The 10-year period begins with the first utilization of authorized Home Accessibility Adaptations. A new \$20,000 limit can be applied when the participant moves to a new home or when the 10-year period expires. In situations of joint custody (as determined by an official court order) or other situations where a participant divides</p>	

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			<p>their time between official residences, the adaptations must be allowable services and must be completed within the overall monetary limit of \$20,000 for this service.</p> <p>***</p> <p>A variance may be requested for the \$20,000 limit and approved by ODP for any of the following situations:</p> <ul style="list-style-type: none"> • Maintenance or repair to existing home accessibility adaptations when it is not covered by a warranty or home owners insurance and the maintenance or repair is more cost effective than replacing the home accessibility adaptation; or • Track lift systems that exceed the limit and will reduce the need for other services; • If the participant has a medically complex condition and there is a change to the participant's medical condition or status that require additional home accessibility adaptations. 	
Consolidated and Community Living Waivers	C-1/C-3	Life Sharing	<p>For the purposes of Life Sharing the following definitions apply:</p> <p>***</p> <p>* Host family - One or more persons with whom the participant lives in a private home, such as the participant's relative(s), legal guardian, or persons who are not related to the participant. The host family is responsible for, and actively involved in, providing care and support to the participant in accordance with the service plan.</p> <p>***</p> <p>Services consist of assistance, support and guidance (physical assistance, instruction, prompting, modeling, and positive reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources.</p> <p>Life Sharing services may be provided up to 24 hours a day based on the needs of the participant receiving services. The type and amount of assistance, support and guidance are informed by the assessed need for physical, psychological, medical, and or emotional assistance established through an the assessment or screening (including the Health Risk</p>	<p>With the expansion of waiver services to participants with a medically complex condition, the service definition was revised to meet the specific need of these individuals.</p> <p>Please note, other changes were made to restructure the content for clarity.</p>

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			<p>Screening Tool) and person-centered planning processes. The type and amount of assistance are delivered to enhance the autonomy of the participant, in line with their personal preference and to achieve their desired outcomes.</p> <p>Life Sharing services are often the primary residence of the participant and as such, it is his or her home. ...This includes ensuring assistance, support and guidance (prompting, instruction, modeling, positive reinforcement) will be provided as needed to enable the participant to:</p> <p style="text-align: center;">***</p> <p>3. Manage or participate in the management of his or her medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, ensuring that there is a sufficient amount of medical supplies so the participant will not be at risk of not having the supplies, and keeping health logs and records.</p> <p style="text-align: center;">***</p> <p>Life Sharing services may only be used to meet the exceptional needs of the participant who is under age 18 that are due to his or her disability or medical needs and are above and beyond the typical, basic care for a child that all families with children may experience.</p>	
Consolidated and Community Living Waivers	C-1/C-3	Life Sharing	<p>Supplemental Habilitation may be used as a Life Sharing staffing add-on in emergency situations or to meet a participant’s temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless a variance is granted by the AE.</p> <p>Supplemental Habilitation 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 the participant’s service plan; • Provided to meet needs of the participant that are not met through the provision of hospital services; 	This change aligns the Waivers with the Social Security Act, which was amended by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to allow services to be delivered in a hospital. This change will take effect in the waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.

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			<ul style="list-style-type: none"> 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 service 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/stabilization as enumerated in the behavior support plan. 	We support this service addition.
Consolidated and Community Living Waivers	C-1/C-3	Life Sharing	<p><i>Life Sharing Agency Provider Qualifications</i></p> <p>***</p> <p><i>Certificate:</i></p> <p>LIFE SHARING SPECIALIST</p> <p>The life sharing specialist shall have one of the following four groups of qualifications:</p> <ol style="list-style-type: none"> 1. A master’s degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. 2. A bachelor’s degree from an accredited college or university and 2 years work experience working directly with persons an intellectual disability, developmental disability, and/or autism. 3. An associate’s degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. 4. A high school diploma or general education development certificate and 6 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. <p>***</p> <p>Agencies must meet the following standards:</p>	Because additional individuals with a developmental disability will be eligible for the waivers, provider qualification requirements have been updated to include experience working with persons with a developmental disability.

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			<p style="text-align: center;">***</p> <p>9. At least one of the following must have experience working with individuals with an intellectual disability, developmental disability, and/or autism and have a bachelor's degree:</p> <ul style="list-style-type: none"> • Executive Director, • Chief Executive Officer, • Chief Operations Officer, or • Director, Assistant or Associate Director. 	
Consolidated Waiver	C-1/C-3	Life Sharing	<p><i>Qualifications</i></p> <p><i>Provider Type:</i> Life Sharing Agencies Serving Participants with a Medically Complex Condition</p> <p><i>License:</i></p> <p>The agency must be licensed under 55 Pa. Code Chapter 6500 for Family Living Homes as applicable.</p> <p>At least one staff person (direct, contracted, or in a consulting capacity) must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN). The RN or LPN will have the following responsibilities which must be documented, such as within the agency's policy, protocol, or job description:</p> <ul style="list-style-type: none"> • Conducting and documenting routine monitoring and assessment of the participant's health and safety in coordination with the Life Sharing Specialist; • Providing training to the host family and any additional life sharing staff providing support in coordination with the Life Sharing Specialist; • Overseeing access to and coordination of medical care including assisting the host family with medical appointments and maintaining documentation related to health care; and • Being promptly available to the host family for consultation on an as needed basis. <p><i>Certificate:</i></p>	<p>A new qualification provider type is being added to meet the specific needs of participants with a medically complex condition. While this is a new provider type, only qualification criteria that differ from other Life Sharing provider types has been indicated in bold font.</p>

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			<p>LIFE SHARING SPECIALIST</p> <p>-----</p> <p>The life sharing specialist shall have one of the following four groups of qualifications:</p> <ol style="list-style-type: none"> 1. A master’s degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. 2. A bachelor’s degree from an accredited college or university and 2 years work experience working directly with persons an intellectual disability, developmental disability, and/or autism. 3. An associate’s degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. 4. A high school diploma or general education development certificate and 6 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. <p>BEHAVIORAL SPECIALIST</p> <p>When serving participants with behavior support needs, the Life Sharing provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Life Sharing service, complete assessments, develop and update Behavior Support Plans and Crisis Intervention Plans and train other agency staff. The behavioral specialist ensures behavior support provided to the participant includes positive practices and least restrictive interventions. Behavior support plans may not include chemical or mechanical restraints. The behavior support plan may not include physical restraints as behavioral interventions. Physical restraints may only be utilized in accordance with 55 Pa. Code §§6100.348 and 6100.349 in the case of an emergency or crisis to prevent an individual from immediate physical harm to the individual or others. Behavior support plans that include restrictive procedures must be approved by a human rights team prior to implementation. ODP expects that, regardless of the number of providers supporting a person, continuity of care will be maintained through ongoing team communication and collaboration. Ideally, there should be one behavior support plan for the participant that is integrated and comprehensive and incorporates support strategies for all</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>environments. If there is more than one Behavioral Specialist working with the participant, the behavior support plan can reflect joint authorship.</p> <p>Behavioral specialists must meet the professional education or licensure criteria in one of the following three sets of requirements:</p> <ol style="list-style-type: none"> 1. Master’s Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology. 2. A Pennsylvania Behavior Specialist License. 3. Must have a Bachelor’s Degree and work under the supervision of a professional who has a Master’s Degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (master's level or higher) or who has a Pennsylvania Behavior Specialist License. <p>In addition to the education and licensing criteria above, behavioral specialists must also meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete training in conducting and using a Functional Behavioral Assessment. 2. Complete training in positive behavioral support. <p>SUPPORTIVE TECHNOLOGY PROFESSIONAL</p> <p>Effective June 30, 2022, when rendering remote support services to participants, the Life Sharing provider must have a supportive technology professional (direct, contracted, or in a consulting capacity) available who has either a current Assistive Technology Professional certificate from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist SHIFT certification. The supportive technology professional is responsible for the following as part of the Life Sharing service:</p> <ol style="list-style-type: none"> 1. Completion of evaluations of participants’ assistive technology needs, including a functional evaluation of the impact of appropriate remote supports. 2. Completion of an evaluation plan that, at a minimum, includes: the need(s) of the participant that will be met by the remote supports how the remote supports will ensure 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>the participant's health, welfare and independence; the training needed to successfully utilize the technology and the back-up plan that will be implemented should there be a problem with the remote supports.</p> <p>3. Informing the participant, and anyone identified by the participant, of what impact the remote supports will have on the participant's privacy. This information must be provided to the participant in a form of communication reasonable calculated to be understood by the individual. After this has been completed, the Life Sharing provider must then obtain either the participant's consent in writing or the written consent of a legally responsible party for the participant. This process must be completed prior to the utilization of remote supports, and any time there is a change to the remote supports including technology devices utilized.</p> <p>4. Ensuring that the remote supports technology is in good working order.</p> <p>This information will be provided to the participant and service plan team for discussion and inclusion of the remote supports in the service plan.</p> <p><i>Other Standard:</i></p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania. 2. Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation and training. 4. Providers that wish to begin providing services must demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Providers that wish to begin providing services must successfully complete ODP's Provider Readiness Tool as determined by ODP and/or its designated managing entity. 6. Have Commercial General Liability Insurance. 7. Have documentation that all vehicles used in the provision of the Life Sharing service have automobile insurance. 8. Have documentation that all vehicles used in the provision of the Life Sharing service have current State motor vehicle registration and inspection. 	

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			<p>9. Have Workers' Compensation Insurance, in accordance with state law.</p> <p>10. At least one of the following must have a bachelor's degree and experience working with individuals with an intellectual disability, developmental disability, and/or autism.</p> <ul style="list-style-type: none"> • Executive Director, • Chief Executive Officer, • Chief Operations Officer, or • Director, Assistant or Associate Director. <p>11. The organization must have a chief financial officer with 5 years' experience or evidence of contracted financial management services.</p> <p>12. Have a person fill the role of Chief Executive Officer (CEO) at all times. The agency must have a written plan stating who will fill the role of the CEO should the current CEO leave his or her position.</p> <p>13. In the case of an entity newly enrolled to provide Life Sharing services, or a current provider hiring new executive level staff, one of the following positions:</p> <ul style="list-style-type: none"> • Executive Director, • Chief Executive Officer, • Chief Operations Officer, or • Director, Assistant or Associate Director <p>must have a bachelor's degree and a minimum of five years' experience in an executive-level position relating to the provision of residential services to individuals with an intellectual disability, developmental disability, autism and/or serious mental illness with the responsibility for all of the following:</p> <ul style="list-style-type: none"> • Day-to-day residential agency operations; • Oversight of the development and implementation of residential agency-wide policies and procedures; • Supervision of management-level staff; and • Compliance with applicable state and federal regulations. <p>14. Notify the ODP Regional Office and Administrative Entity(ies) within 10 business days of the hiring date of a new CEO, including an interim or acting CEO.</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>15. Employ life sharing program-specialist(s) who are responsible for up to 8 homes and no more than 16 participants for this or any other service.</p> <p>16. Have an annual training plan to improve the knowledge, skills and core competencies of agency personnel.</p> <p>17. Have an organizational structure that assures availability of back up and emergency support for participants 24 hours a day.</p> <p>18. Have a process to ensure that progress notes are completed monthly for children age 0 to 18.</p> <p>19. Have a risk/crisis plan the identifies potential risks and the strategy for risk mitigation and crisis response.</p> <p>20. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan and medical plan, which includes but is not limited to communication, mobility, behavioral, and medical needs.</p> <p>21. Ensure that staff (direct, contracted, or in a consulting capacity) 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. Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results identified a criminal record. <p>22. Comply with Department standards related to provider qualifications.</p> <p>Life Sharers/Host Families that provide Life Sharing services to participants with a medically complex condition must meet the additional following standards:</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ol style="list-style-type: none"> 1. Have a high school diploma or equivalent. 2. Receive training by a medical professional that is specific to the participant's medical needs prior to rendering the service. 3. Be at least 18 years of age. 4. Complete necessary pre/in-service training based on the service plan. 5. Have a valid driver's license if the operation of a vehicle is necessary to provide Life Sharing services. <p>Life sharing specialists must meet the following standards:</p> <ul style="list-style-type: none"> • Receive training which includes interpersonal dynamics, community participation, individual service planning and delivery, and relationship building in addition to training required by licensing or agency policy. 	
Consolidated, Community Living, P/FDS Waivers	C-1/C-3	Family Medical Support Assistance	<p style="text-align: center;">***NEW SERVICE***</p> <p>Family Medical Support Assistance The Family Medical Support Assistance service assists with coordination of services related to the participant's medically complex condition in the participant's home. This is a direct and indirect service that does not involve direct care. Providers are required to render the following two components of the service.</p> <ol style="list-style-type: none"> 1. Family support assistant - The family support assistant provides assistance to participants and their families with coordination of unpaid supports and waiver services such as skilled nursing services, home health services, medical services, and behavioral health services in the participant's home including: <ul style="list-style-type: none"> • Scheduling medical and behavioral health appointments and assisting with medical visits (both in office and via remote technology); • Understanding the concerns of the participant, family and other designated persons about medical providers or services and assisting with mitigating those concerns when possible; 	<p>A new service is being added to meet the needs of participants with a medically complex condition.</p> <p>We believe that Family Medical Support Assistance should also be a service available to participants who receive Life Sharing, Supported Living or Residential Habilitation services. If providers had this level of support, it could increase the amount of services available to individuals with these complex medical needs.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Directly assisting the participant, family and other designated person(s) with the discharge process from a hospital, clinic, or nursing home setting with going home. The discharge process may include accompanying the family and other designated person(s) when bringing the participant home if transportation is an issue, assisting with obtaining discharge information and educating the family, other designated person(s) and the participant on the discharge information, and ensuring that the participant's home is set up for home care and treatment based on the participant's needs; • Facilitating access to generic community services; • Assisting with communication with insurance providers to facilitate understanding of coverage and coordination of needed medical services; • Assisting in obtaining needed medication, supplies, and equipment; • Identifying barriers that prevent participants from accessing effective and necessary medical services and supports and collaborate with ISP team members regarding possible ways to reduce those barriers; • Assisting with implementation of the service plan and life course plan with the family; • Providing training and consultative assistance on implementation of non-medical aspects of the ISP to the family or Children Youth and Family supervised family and team members; and • Training staff supports coming into the home on non-medical aspects of the ISP and roles and responsibilities of team members of implementation of non-medical aspects of the ISP. <p>2. Nursing Oversight – Nursing oversight is completed by a licensed nurse within the scope of the state's Nurse Practice Act and includes the following:</p> <ul style="list-style-type: none"> • Assessment of the participant's medically complex condition; • Completion of Health Risk Screening Tool Clinical Reviews in accordance with ODP protocols; 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Identification of training needs related to the participant’s medically complex condition and providing training to the participant, unpaid caregivers, and paid professionals; • Training and consultative assistance on implementation of medical aspects of the service plan to the family or Children Youth and Families supervised family and team members; • Training staff supports coming into the home on medical aspects of the service plan and roles and responsibilities of team members of implementation of medical aspects of the service plan; • Helping the participant, family and any other designated persons or waiver service providers understand the participant’s medically complex condition and impact on the participant’s behavioral or emotional health; • Consulting with doctors and other healthcare professionals; and • Supervision and evaluation of the participant’s medical and/or behavioral health needs or anything that maintains the participant’s best state of health. <p>Nursing oversight differs from nursing available for children under the State Plan in the nature of the services provided and provider type. State Plan services provide only for direct nursing services while nursing oversight allows a nurse to train and supervise family or service providers and monitor their provision of these services.</p> <p>The family support assistant and nurse work as a team to support each participant, family and other supporters and service providers. The family support assistant and nurse will communicate with the Supports Coordinator on a regular basis to ensure that the service plan is up-to-date and that the Supports Coordinator is aware of any needed coordination, location, and/or monitoring of supports and services that fall under the scope of the Supports Coordination service. The family support assistant may provide Family Medical Support Assistance to no more than 8 participants for this or any other service. A licensed nurse may provide Family Medical Support Assistance to no more than 16 participants for this or any other service.</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Completion of the Health Risk Screening Tool and adherence to Health Risk Screening Tool protocols is required as part of the Family Medical Support Assistance service.</p> <p>Family Medical Support Assistance is available to participants who live in private homes. This service is not available to participants who receive Life Sharing, Supported Living or Residential Habilitation services.</p> <p>Relatives who do not live with the participant or are not responsible for direct care of the participant may render this service.</p> <p><i>Specify applicable limits on the amount, frequency, or duration of this service.</i></p> <p><i>Service delivery method</i> <input type="checkbox"/> Participant-directed as specified in Appendix E <input checked="" type="checkbox"/> Provider managed</p> <p><i>Specify whether the service may be provided by:</i> <input type="checkbox"/> Legally Responsible Person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian</p>	
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Family Medical Support Assistance	<p><i>Provider Qualifications</i> <i>Provider Category</i> Agency Provider Type Family Medical Support Assistance Agency License Staff (direct, contracted, or in a consulting capacity) providing the nursing oversight component must be a Registered Nurse (RN) or a Licensed Practical Nurse (LPN).</p> <p>Providers must comply with 49 Pa. Code Chapter 21.</p>	<p>Provider qualifications were developed for providers rendering the Family Medical Support Assistance service to meet the needs of participants with a medically complex condition.</p> <p>Just a comment on the requirements – setting the minimum age of staffing as 18 is unnecessary considering the educational requirements. It would</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p><i>Certificate</i> Family support assistants must meet one of the following sets of requirements:</p> <ol style="list-style-type: none"> 1. A master’s degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. 2. A bachelor’s degree from an accredited college or university and 2 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. 3. An associate’s degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. <p><i>Other Standard</i> Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania. 2. Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation and training. 4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 6. Have Workers' Compensation Insurance, in accordance with state law. 7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan which includes but is not limited to medical, communication, mobility and behavioral needs. 8. Comply with Department standards related to provider qualifications. <p>Staff must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Complete necessary pre/in-service training based on the service plan. 3. 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 	<p>be difficult to meet even the minimum standard of Associates degree or 60 credit hours and 4 years of work experience before age 18.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>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. 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> <ol 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> <p>4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.</p>	
Consolidated, Community Living, and P/FDS	C-1/C-3	Respite	<p>Respite services are direct services that are provided to supervise and support participants living in private homes on a short-term basis for planned or emergency situations, giving the person(s) normally providing care a period of relief that may be scheduled or due to an emergency.</p> <p style="text-align: center;">***</p> <p>This service also includes implementation of a participant's Behavioral Support Plan, Medical Plan, or Crisis Intervention Plan as applicable.</p> <p style="text-align: center;">***</p> <p>Only children who have a medically complex condition can receive (under age 21) who have medical needs that require Respite by a nurse. can request a variance when the following criteria are met: Any waiver participant age 21 or older who needs nursing services can receive this type of support through the Shift Nursing service.</p> <p>• The child is authorized to receive less than 24 hours a day of nursing through private insurance or Medical Assistance; And one of the following:</p>	<p>With the expansion of the waivers to include participants with a medically complex condition, the service definition was revised to meet the specific need of these individuals.</p> <p>Please note, other changes were made to restructure the content for clarity.</p> <p>We recommend that families have access to equal number of respite days (45) regardless of medical or other types of supports necessary to help maintain the family setting.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>• The child requires administration of intravenous fluid or medication, which is specified in a written order by a licensed doctor of the healing arts or</p> <p>• The child uses monitoring, defibrillating or resuscitating equipment, or a combination of the three; or</p> <p>• The child requires other skilled activities that must be provided by a nurse. A list of non-skilled activities that can be performed by professionals other than a nurse is available at http://dhs.pa.gov/cs/groups/webcontent/documents/document/c_251202.pdf.</p> <p style="text-align: center;">***</p> <p>Respite services are limited to:</p> <ul style="list-style-type: none"> • 30 units of day respite per participant without a medically complex condition in a period of one fiscal year, • 45 30 units of day respite per participant with a medically complex condition in a period of one fiscal year, and • 480 units (Consolidated Waiver) or 1440 units (Community Living and P/FDS Waivers) of 15-minute unit respite per participant in a period of one fiscal year. <p>Requests for a variance to this limit may be made for participants who have behavioral or medical support needs or for emergency circumstances using the standard ODP variance process. A request for a variance to this limit may not be approved for Respite provided by a nurse unless there is an emergency circumstance involving a child with medical needs who meets the criteria described above.</p>	
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Respite	<p style="text-align: center;"><i>Provider Qualifications:</i></p> <p>Agency License: For children (under age 21) with a medically complex condition needs who require Respite by a nurse, at least one staff person (direct, contracted, or in a consulting capacity) who provides enhanced levels of service must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN) when the participant has been assessed to have medical needs that require a RN or LPN.</p>	With the expansion of the waivers to include participants with a medically complex condition, the provider qualifications were revised to meet the specific needs of these individuals.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • There must be documentation showing that the RN or LPN has previous experience with serving children or adults with a medically complex condition; and • There must be documentation that the RN or LPN has responsibility for training staff on the participant’s medical care and related plans, assessing the participant’s health status and is available for consultation 16 hours daily. The documentation of the RN or LPN responsibilities may be included within the agency’s policy, protocol, or job description. <p style="text-align: center;">***</p> <p><i>Other Standard</i></p> <p>Agencies must meet the following standards:</p> <p style="text-align: center;">***</p> <ol style="list-style-type: none"> 9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan and medical plan which includes but is not limited to communication, mobility, behavioral, and medical needs. 10. Comply with Department standards related to provider qualifications. <p style="text-align: center;">***</p> <p>The provider must maintain documentation that staff (working for or contracted with the agency) meet the following requirements prior to rendering Respite services to participants with a medically complex condition:</p> <ol style="list-style-type: none"> 1. Have a high school diploma or equivalent. 2. Have received training by a medical professional that is specific to the participant’s medical needs prior to rendering the service on: <ol style="list-style-type: none"> a. Specialized equipment that is medically necessary for the health and safety of the participant including, but not limited to, ventilators, 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>suction machines, other respiratory and oxygen supplying equipment, monitoring equipment, and equipment for mobility and transferring.</p> <p>b. Nutritional, hydration, and special diet needs;</p> <p>c. Fall prevention;</p> <p>d. Risk factors and monitoring for skin integrity;</p> <p>e. Risk factors and monitoring for urinary tract infections;</p> <p>f. Medical plan related to elimination assistance, urinary and bowel functioning; and</p> <p>g. Appropriate age and developmental needs of the child.</p> <p>Further, nursing staff that are providing care to individuals with a medically complex condition may not engage in areas of highly specialized practice, including the practices areas listed below, without the knowledge of and skill in the practice areas involved required by their professional license.</p> <ul style="list-style-type: none"> • Tracheostomy; • Ventilator; • Suction Machines; • Other respiratory and oxygen supplying equipment; or • Intravenous medication. 	
Consolidated Waiver	C-1/C-3	Residential Habilitation	<p>***NEW OPPORTUNITY IN RESIDENTIAL HABILITATION***</p> <p>To support participants to successfully transition from a licensed Residential Habilitation service into Life Sharing or Supported Living services, two one-time per participant, Transition to Independent Living payments will be made to the provider. The Transition to Independent Living payments are applicable for participants transitioning from a licensed home in which Residential Habilitation is provided to 4 or fewer people to a Life Sharing or Supported Living service rendered by the same provider. The first payment will be made after the new Life Sharing or Supported Living service is rendered to the participant. The second payment will be made after the</p>	The budget for Fiscal Year 21/22 includes payments to providers to support waiver participants in achieving greater independence and choice through the transition from living in a home where licensed Residential Habilitation services are provided to a home where Life Sharing or Supported Living services are provided.

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			<p>participant has received six consecutive months of Life Sharing or Supported Living service by the provider if the participant is still residing in the setting to which the participant transitioned and is expected to continue residing in that location and receive Life Sharing or Supported Living services.</p>	
Consolidated and Community Living Waivers	C-1/C-3	Residential Habilitation	<p>Services consist of assistance, support & guidance (physical assistance, instruction, prompting, modeling, & positive reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development & socialization, personal adjustment, participating in community functions & activities and use of community resources</p> <p style="text-align: center;">***</p> <p>Supplemental Habilitation may be used as a Residential Habilitation Staffing add-on in emergency situations or to meet a participant’s temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless a variance is granted by the AE.</p> <p>Supplemental Habilitation 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 the 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 service 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; 	<p>This change aligns the Waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. This change will take effect in the waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Intensive personal care; or • Behavioral support/stabilization as enumerated in the behavior support plan. 	
Consolidated and Community Living Waivers	C-1/C-3	Residential Habilitation, Life Sharing and Supported Living	<p><i>Qualifications</i> Licensed and Unlicensed Residential Habilitation, Licensed Residential Habilitation Agency Serving Individuals with a Medically Complex Condition, Licensed and Unlicensed Life Sharing, Supported Living</p> <p><i>Other Standard</i> Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania. 2. Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation and training. 4. New providers Providers that wish to begin providing services must demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Providers that wish to begin providing services must successfully complete ODP's Provider Readiness Tool as determined by ODP or its designated managing entity. <p style="text-align: center;">***</p> 13. Notify the ODP Regional Office and Administrative Entity(ies) within 10 business days of the hiring date of a new CEO, including an interim or acting CEO. 14. Newly hired CEOs must complete the ODP approved Health Risk Screening Tool Orientation, Residential ISP Staffing training and Dual Diagnosis Training within 30 days of hire.	<p>Supporting individuals with intellectual disabilities and autism (ID/A) through Residential Habilitation services can be complex and dynamic. Residential Habilitation, Life Sharing and Supported Living require a provider to be prepared at all times to meet the needs of each individual it supports and initiate and participate in ongoing planning and support to facilitate each person's vision for an Everyday Life. ODP gathered residential providers across Pennsylvania that provide high quality services to obtain input and feedback about their operations which they determined support their success and the success of those they support. ODP made changes to the qualifications providers must meet to ensure that all residential providers are adequately prepared prior to delivering a service and prior to the provider going through ODP's qualification process.</p> <p>We recommend that the time allowance for completing the</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
				required trainings be extended to 90 days to give a more realistic time expectation.
Consolidated Waiver	C-1/C-3	Residential Habilitation	<p><i>Qualifications</i> <i>Provider Type:</i> Licensed Residential Habilitation Agencies Serving Individuals with a Medically Complex Condition</p> <p><i>License:</i> The agency must be licensed under 55 Pa. Code Chapter 6400 for Residential Habilitation.</p> <p>At least one staff (direct, contracted, or in a consulting capacity) must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN). The agency must have documentation in their policies, protocols or job description that the RN or LPN will have the following responsibilities:</p> <ul style="list-style-type: none"> • Conducting and documenting routine monitoring and assessment of the participant's health and safety in coordination with the Program Specialist; • Providing training to the staff (direct, contracted, or in a consulting capacity) who render services in the home and any additional individuals providing support in coordination with the Program Specialist; • Overseeing access to and coordination of medical care including assisting the staff who render services in the home with medical appointments and maintaining documentation related to health care; • Being promptly available to the staff rendering services in the home for consultation on an as needed basis <p>SUPPORTIVE TECHNOLOGY PROFESSIONAL Effective June 30, 2022, when rendering remote support services to participants, the Residential Habilitation provider must have a supportive technology professional (direct, contracted, or in a consulting capacity) available who has either a current Assistive Technology Professional certificate from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration</p>	<p>A new qualification provider type is being added to meet the specific needs of participants with a medically complex condition. While this is a new provider type, only qualification criteria that differ from other Residential Habilitation provider types has been indicated in bold font.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Specialist SHIFT certification. The supportive technology professional is responsible for the following as part of the Residential Habilitation service:</p> <ol style="list-style-type: none"> 1. Completion of evaluations of participants' assistive technology needs, including a functional evaluation of the impact of appropriate remote supports. 2. Completion of an evaluation plan that, at a minimum, includes: the need(s) of the participant that will be met by the remote supports how the remote supports will ensure the participant's health, welfare and independence; the training needed to successfully utilize the technology and the back-up plan that will be implemented should there be a problem with the remote supports. 3. Informing the participant, and anyone identified by the participant, of what impact the remote supports will have on the participant's privacy. This information must be provided to the participant in a form of communication reasonable calculated to be understood by the individual. After this has been completed, the Residential Habilitation provider must then obtain either the participant's consent in writing or the written consent of a legally responsible party for the participant. This process must be completed prior to the utilization of remote supports, and any time there is a change to the remote supports including technology devices utilized. 4. Ensuring that the remote supports technology is in good working order. <p>This information will be provided to the participant and service plan team for discussion and inclusion of the remote supports in the service plan.</p> <p>PROGRAM SPECIALIST</p> <p>The program specialist shall have 1 of the following:</p> <ol style="list-style-type: none"> 1. Master's degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability and/or autism (ID/A). 2. Bachelor's degree from an accredited college or university & 2 years work experience working directly with persons with an ID/A. 3. Associate's degree or 60 credit hours from an accredited college or university & 4 years work experience working directly with persons with an ID/A. 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>4. High school diploma or general education development certificate & 6 years work experience working directly with persons with an ID/A.</p> <p>BEHAVIORAL SPECIALIST -----</p> <p>When serving participants with behavior support needs, the Residential Habilitation provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Residential Habilitation service, complete assessments, develop and update Behavior Support Plans and Crisis Intervention Plans and train other agency staff. The behavioral specialist ensures behavior support provided to the participant includes positive practices and least restrictive interventions and does not include physical, chemical or mechanical restraints as support strategies.</p> <p>Behavioral specialists must meet the professional education or licensure criteria in one of the following three sets of requirements:</p> <ol style="list-style-type: none"> 1. Master’s Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology. 2. A Pennsylvania Behavior Specialist License. 3. Must have a Bachelor’s Degree and work under the supervision of a professional who has a Master’s Degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (master's level or higher) or who has a Pennsylvania Behavior Specialist License. <p>In addition to the education and licensing criteria above, behavioral specialists must also meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete training in conducting and using a Functional Behavioral Assessment. 2. Complete training in positive behavioral support. <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania. 2. Have a signed ODP Provider Agreement on file with ODP. 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>3. Complete standard ODP required orientation and training.</p> <p>4. New providers Providers that wish to begin providing services must demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.</p> <p>5. Providers that wish to begin providing services must successfully complete ODP's Provider Readiness Tool as determined by ODP and/or its designated managing entity.</p> <p>6. Have Commercial General Liability Insurance.</p> <p>7. Have documentation that all vehicles used in the provision of the Residential Habilitation service have automobile insurance.</p> <p>8. Have documentation that all vehicles used in the provision of the Residential Habilitation service have current State motor vehicle registration and inspection.</p> <p>9. Have Workers' Compensation Insurance, in accordance with state law.</p> <p>10. At least one of the following must have experience working with individuals with an intellectual disability, developmental disability, and/or autism and have a bachelor's degree:</p> <ul style="list-style-type: none"> • Executive Director, • Chief Executive Officer, • Chief Operations Officer, or • Director, Assistant or Associate Director. <p>11. The organization must have a chief financial officer with 5 years' experience or evidence of contracted financial management services.</p> <p>12. Have a person fill the role of Chief Executive Officer (CEO) at all times. The agency must have a written plan stating who will fill the role of the CEO should the current CEO leave his or her position.</p> <p>13. In the case of an entity newly enrolled to provide Residential Habilitation services, or a current provider hiring new executive level staff, one of the following must have a minimum of five years' experience as a manager with responsibility for providing residential services for individuals with an intellectual disability, developmental disability, autism and/or serious mental illness and a bachelor's degree:</p> <ul style="list-style-type: none"> • Executive Director of Residential Services, • Chief Executive Officer, • Chief Operations Officer, or • Director, Assistant or Associate Director of Residential Services. 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>14. Notify the ODP Regional Office and Administrative Entity(ies) within 10 business days of the hiring date of a new CEO, including an interim or acting CEO.</p> <p>15. Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day.</p> <p>16. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan which includes but is not limited to communication, mobility, medical, and behavioral needs.</p> <p>17. Comply with Department standards related to provider qualifications.</p> <p>18. Have a process for the monthly review of progress notes for children age 0 to 18.</p> <p>Staff working for or contracting with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Complete necessary pre/in-service training based on the service plan. 3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15. 4. Have required child abuse clearances (when the participant is under age 18) per 23 Pa. C.S. Chapter 63. 5. Have a valid driver's license if the operation of a vehicle is necessary to provide Residential Habilitation services. 	
Consolidated and Community Living Waivers	C-1/C-3	Supported Living	<p>In emergency situations or to meet a participant’s temporary medical or behavioral needs, participants authorized to receive Supported Living may also be authorized to receive Supplemental Habilitation for no more than 90 calendar days unless a variance is granted by the AE.</p> <p>Supplemental Habilitation 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 the participant’s service plan; 	This change aligns the Waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. This change will take effect in the waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • 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 service 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/stabilization as enumerated in the behavior support plan. 	
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	In-Home and Community Supports	<p>In general, this service is provided in a participant’s private home, or other community settings, or in a hospital when the participant is hospitalized. This service shall not be provided in a licensed setting, unlicensed residential setting or camp. This does not preclude this service from being utilized to assist a participant to volunteer in a nursing facility or hospital or occasionally visit a friend or family member in a licensed setting or unlicensed residential setting.</p> <p>In-Home and Community Support services may also 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 the 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 	This change aligns the Waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. This change will take effect in the waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • 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 service 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/stabilization as enumerated in the behavior support plan. 	
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	In-Home and Community Support	<p>In-Home and Community Support is a direct service provided in home and community settings to assist participants in acquiring, maintaining and improving the skills necessary to live in the community, to live more independently, and to participate meaningfully in community life. Direct In-Home and Community Support services may be provided using remote technology in accordance with ODP policy. To the extent that In-Home and Community Support is provided in community settings, the settings must be inclusive rather than segregated.</p> <p>Services consist of assistance, support & guidance (physical assistance, instruction, prompting, modeling, and positive reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources</p> <p style="text-align: center;">* * *</p> <p>Staff providing the In-Home and Community Support must be awake during overnight hours for the purpose of performing tasks that require continual in-person assistance as identified in the service plan to ensure medical or behavioral stability and that are able to be performed by a trained non-medically-licensed individual. These tasks include the following:</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 waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Taking vital statistics when monitoring has been prescribed by a licensed professional, such as post-surgical care, • Positioning, • Performing range of motion exercises as directed by a licensed professional, • Administering prescribed medications (other than over the counter medications), • Applying prescribed treatments, • Monitoring for seizure activity for a participant with convulsive (grand mal) epilepsy that is not able to be controlled by medication, • Maintaining the functioning of devices whose malfunction would put the participant at risk of hospitalization, and • Crisis intervention in accordance with the participant's behavior support plan. <p>Remote technology cannot be used to provide overnight or enhanced levels of In-Home and Community Support because direct in-person assistance is required. If the participant only needs supervision or assistance with tasks that do not meet the criteria above such as evacuation in the event of an emergency during overnight hours, the appropriate service during this time period is Companion services.</p>	
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Companion	<p>Companion services are direct services provided to participants age 18 and older who live in private homes for the limited purposes of providing supervision or assistance that is designed to ensure the participant's health, safety and welfare and to perform incidental activities of daily living for the participant. This service is intended to assist the individual to participate more meaningfully in home and community life. Direct Companion services may be provided during awake hours using remote technology in accordance with ODP policy. Companion services may not be provided during overnight asleep hours using remote technology.</p> <p>This service may be provided in home and community settings, including the participant's competitive employment work place. To the extent that Companion services are provided in community settings, the settings must be inclusive rather than segregated. Companion services shall not be provided in a licensed setting, unlicensed residential setting or camp. This does not preclude this service from being utilized to assist a participant to volunteer</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>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>in a nursing facility or hospital or occasionally visit a friend or family member in a licensed setting or unlicensed residential setting.</p> <p>Companion services may also 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 the 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 service 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/stabilization as enumerated in the behavior support plan. 	<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>
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Behavioral Supports	<p>Services may be provided in the office of the Behavioral Specialist, the participant's home, or in local public community environments necessary for the provision of the Behavioral Support Services. Direct services must be provided on a one-on-one basis. Direct Behavioral Support services may be provided using remote technology in accordance with ODP policy.</p> <p>Behavioral Support services may also 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 the participant’s service plan; 	<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</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • 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 service 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/stabilization as enumerated in the behavior support plan. 	<p>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>
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Supported Employment	Supported Employment services are direct and indirect services that are provided in a variety of community settings for the purposes of supporting participants in obtaining and sustaining competitive integrated employment. Direct Supported Employment services may be provided using remote technology in accordance with ODP policy.	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 waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Small Group Employment	Small Group Employment services are direct services that consist of supporting participants in transitioning to competitive integrated employment through work that occurs in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations such as an integrated industry, business, or community setting. The goal of Small Group Employment services is acquisition of knowledge, skills and experiences that lead to competitive integrated	ODP is providing clarification for Small Group Employment service to ensure it is delivered as intended.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>employment, including self-employment. Participants receiving this service must have a competitive integrated employment outcome included in their service plan, and it must be documented in the service plan how and when the provision of this service is expected to lead to competitive integrated employment. Work that participants perform during the provision of Small Group Employment services 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 service 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 with a disability are employed by a business/industry to perform specific job functions while working alongside workers without disabilities.</p>	
Consolidated, Community	C-1/C-3	Communication Specialist	This is a direct and indirect service that supports participants with nontraditional communication needs by determining the participant's communication needs, educating	Through the COVID-19 pandemic, ODP has learned that there are

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Living, and P/FDS Waivers			the participant and his or her caregivers on the participant’s communication needs and the best way to meet those needs in their daily lives. Direct Communication Specialist services may be provided using remote technology in accordance with ODP policy.	benefits to rendering certain services remotely when remote services meet the participant’s needs. This change will take effect in the waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Music Therapy, Art Therapy, and Equine Assisted Therapy	Direct therapy services provided to a participant who may or may not have a primary diagnosis of mental illness, but who could benefit by the provision of therapy to maintain, improve or prevent regression of the participant’s condition and assist in the acquisition, retention or improvement of skills necessary for the participant to live and work in the community. Direct Music and Art Therapy services may be provided using remote technology in accordance with ODP policy. Services and intended benefit must be documented in the service plan.	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 waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency. Equine Therapy may not be provided through remote technology.
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Therapy Services	Therapy services are direct services provided to assist participants in the acquisition, retention, or improvement of skills necessary for the participant to live and work in the community, and must be attached to a participant's outcome as documented in his or her service plan. Training caretakers and development and monitoring of a home program for caretakers to implement the recommendations of the therapist are included in the provision of Therapy services. Direct Therapy services may be provided using remote technology in accordance with ODP policy. The need for the service must be	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 waivers when Appendix K flexibilities end 6 months after the

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			documented by a professional as noted above for each service and must be evaluated at least annually, or more frequently if needed, as part of the service plan process.	expiration of the federal public health emergency.
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Consultative Nutritional Services	Consultative Nutritional Services are direct and indirect services that assist unpaid caregivers and/or paid support staff in carrying out participant treatment/service plan, and that are not covered by the Medicaid State Plan, and are necessary to improve or sustain the participant's health status and improve the participant's independence and inclusion in their community. The service may include assessment, the development of a home treatment/service plan, training and technical assistance to carry out the plan and monitoring of the participant and the provider in the implementation of the plan. Direct Consultative Nutritional Services may be provided using remote technology in accordance with ODP policy. This service may be delivered in the participant's home or in the community as described in the service plan. This service requires a recommendation by a physician.	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 waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Supports Broker Services	<p>The Supports Broker service is a direct and indirect service available to participants who elect to self-direct their own services utilizing one of the participant directed options outlined in Appendix E-1 of this Waiver. The Supports Broker service is designed to assist participants or their designated surrogate with employer-related functions in order to be successful in self-directing some or all of the participant's needed services. Direct Supports Broker services may be provided using remote technology in accordance with ODP policy.</p> <p style="text-align: center;">* * *</p> <p>The following Supports Broker activities may be completed while a participant is hospitalized in accordance with Section 1902(h) of the Social Security Act, when the services are identified in the participant's service plan:</p> <ul style="list-style-type: none"> • Developing schedules for Support Service Professionals. • Assisting managing employers and common law employers to ensure that Support Service Professionals are trained and scheduled to support the 	<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>This change aligns the Waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. There have been no other changes to the list of allowable Supports Broker activities.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>participant’s needs when hospitalized and to support a smooth transition of the participant from the hospital to a home and community-based setting.</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>
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Community Participation Support	<p>Direct Community Participation Support may be provided using remote technology in homes where participants reside in accordance with ODP policy. Remote technology cannot be used to provide enhanced levels of Community Participation Support because direct in-person assistance is required.</p> <p>Remote Community Participation Support may only be rendered to a participant in their Residential Habilitation home when the participant:</p> <ul style="list-style-type: none"> • Routinely participates in Community Participation Support 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><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 fiscal year.</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 waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.</p> <p>We recommend that remote services also be permitted in the case of bad weather conditions, or when there is a transportation problem, or whenever a team recommends due to a participants request rather than limit to only for medical or behavioral concerns. Additionally, the ISP team recommendations should be respected for the service that each individual receives and the amount of units, the limit should not in the definition.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Supports Coordination	<p><i>Provider Qualification Standards</i></p> <p style="text-align: center;">* * *</p> <p>2. Function as a conflict free entity. A conflict-free SCO, for purposes of this service definition, is an independent, separate, or self-contained agency that does not have a fiduciary relationship with an agency providing direct services and is not part of a larger corporation. To be conflict free, an SCO may not provide direct or indirect services to participants. The following are considered direct and indirect services:</p> <p style="text-align: center;">* * *</p> <p>Indirect Services:</p> <ul style="list-style-type: none"> All services related to Health Care Quality Units, Independent Monitoring Teams, Organized Health Delivery System Providers, Financial Management Service Providers/Organizations for Waiver participants, and the Statewide Needs Assessment with the exception of Family Driven Support Service funds and the administration of Money Follows the Person (MFP) as approved by CMS. <p>An SCO may become an Organized Health Care Delivery System (OHCDS) for any vendor service authorized in the participant’s ISP. A participant's SCO may not own or operate providers of vendor services with which it is acting as an OHCDS. SCOs must enroll and qualify as an OHCDS and comply with all requirements regarding OHCDS in Appendix I-3-g-ii of the current approved Waivers, as well as 55 Pa. Code § 6100.803.</p>	Allowing SCOs to be Organized Health Care Delivery Systems gives participants more options for receiving needed vendor goods and services. This change will take effect in the waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.
Consolidated, Community Living, and P/FDS Waivers	C-1/C-3	Supports Coordination	<p>Supports Coordination is a critical service that involves the primary functions of locating, coordinating, and monitoring needed services and supports for participants. 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.</p> <p>for less than 30 days.</p>	This change aligns the Waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. Since services can now be rendered when a person is hospitalized for any length of time, Supports Coordination is not limited to 30 days in a hospital setting. This change will take effect

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
				in the waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.
Consolidated Waiver	Appendix I-2-a	Rate determination methods	<p>*Rates for the following services and components of a service are on the MA fee schedule: Behavioral Support; Physical Therapy; Occupational Therapy; Speech/Language Therapy; Visual/Mobility Therapy; Shift Nursing; Companion; Supports Broker; Residential enhanced staffing (Supplemental Habilitation and Additional Individualized Staffing which is a discrete service 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 transitioned to the MA fee schedule: Unlicensed & Licensed Residential Habilitation; Unlicensed & Licensed Life Sharing; and Transition to Independent Living payments. The rate for the on-call and remote support component of Community Participation Support follows the fee schedule rate setting methodology described in this section. The assumptions used to develop the on-call and remote support fee schedule rate included a 1:15 participant to staff ratio and a 0% absentee factor.</p>	The budget for Fiscal Year 21/22 includes payments to providers to support waiver participants in achieving greater independence and choice through the transition from living in a home where licensed Residential Habilitation services are provided to a home where Life Sharing services or Supported Living services are provided.
Consolidated, Community Living, and P/FDS Waivers	Appendix I-3-d	Payments to state or Local Government Providers	Supports Coordination Organizations are either private businesses or businesses run by a county that may receive payment for waiver funded supports coordination services. The provider qualification requirements for Supports Coordination Organizations states that the organization must function as a conflict free entity. A conflict-free Supports Coordination Organization, for purposes of providing supports coordination, is an independent, separate, or self-contained agency that does not have a fiduciary relationship with an agency providing direct services and is not part of a larger corporation. To be conflict free, an Supports Coordination Organization may not provide	Allowing SCOs to be Organized Health Care Delivery Systems gives participants more options for receiving needed vendor goods and services. This change will take effect in the waivers when Appendix K flexibilities end 6

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			direct or indirect services to participants. The Supports Coordination Organization may also not provide indirect services to participants except that Supports Coordination Organizations may function as an Organized Health Care Delivery System for vendor goods and services. A participant's Supports Coordination Organization may not own or operate providers of vendor goods and services with which it is acting as an Organized Health Care Delivery System.	months after the expiration of the federal public health emergency.