

Changes to the CHC Waiver Effective July 1, 2026 (Amendment)

KEY – Bold = Recommended additions

Strikethrough = Recommended removal

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
1	Entire Waiver Application	CMS issued revisions to the 1915(c) HCBS Waiver Application and Technical Guide. The new application is known as Version 3.7.	<p>Changes were made to the 1915(c) Waiver application template in the following Appendices:</p> <p>*Appendices B, C, D, E, I, Main Module, and Quality Improvement Sections of all Appendices.</p>	Improve understanding of applicable federal policies and their implications for the design and operation of an HCBS waiver and provide the review criteria that CMS uses to determine whether a waiver meets applicable statutory, regulatory, and other requirements.
2	Appendix A-3	<ul style="list-style-type: none"> Respond to questions about how CHC enrollment and benefits interrelate with Medicare coverage, and refer applicants to the State Health Insurance Assistance Program (APPRISE) as necessary 	<ul style="list-style-type: none"> Respond to questions about how CHC enrollment and benefits interrelate with Medicare coverage, and refer applicants to the State Health Insurance Assistance Program (APPRISE PA MEDI) as necessary 	APPRISE was renamed PA MEDI
3	Appendix C-1(d) Main Module	All teleservice language removed from the Main Module and added to this section in Appendix C.	<p>d. Remote/Telehealth Delivery of Waiver Services. Specify whether each waiver service that is specified in Appendix C-1/ C-3 can be delivered remotely/via telehealth.</p> <p>1. Will any in-person visits be required?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	CMS revisions to the waiver application (Version 3.7) include adding a section specifically regarding Teleservices. All information regarding Teleservices was removed from the Main

		<p>2. By checking each box below, the state assures that it will address the following when delivering the service remotely/via telehealth.</p> <p><input checked="" type="checkbox"/> The remote service will be delivered in a way that respects the privacy of the individual especially in instances of toileting, dressing, etc.</p> <p>Explain:</p> <ul style="list-style-type: none"> • Teleservices must be provided by means that allow for live two-way communication with the participant, no recording of the interaction shall be captured. Live video or audio transmission is only allowable to persons designated by the participant and designated staff employed by the provider responsible for direct service delivery. Providers can call participants over the phone as an incidental component of teleservices to check-in with participants as allowed in the service definition or in emergency circumstances when all other criteria are met. Monitoring of devices is not allowable under teleservices. • The provider has explained to the participant and everyone else residing in the home the impact that teleservices will have on their privacy. The Service Coordinator has discussed privacy concerns with the participant and confirmed the provider has educated the participant on their privacy policy. This must be documented in the ISP. o The use of live video communication devices in bathrooms is strictly prohibited as part of teleservices. o It is allowable for staff to provide live audio prompts needed by the participant in bathrooms and bedrooms as part of teleservices. The participant must be alerted prior to 	<p>Module section of the waiver and added to the new section in Appendix C-1(d).</p>
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the activation of any audio communication device unless the participant turns on the audio communication device themselves.

o Live real time video communication between the participant and a staff person as part of teleservices may only occur in a participant's bedroom when all of the following are met and documented:

- The participant has chosen to receive teleservices in their bedroom due to a medical condition which makes it difficult or impossible for them to leave their bedroom to receive services in another room in the house or the participant would like privacy from others in the home (family, housemates, etc.) during the receipt of services;
- The participant turns the video communication device on and off themselves or requests assistance in turning the video communication device on and off;
- The participant does not share a bedroom with others; and
- Service delivery via video communication will not be performed as part of any activity during which privacy would generally be expected (while a participant is in a state of undress, during sexual activities, etc.)

The provider is responsible for ensuring that any technology used to render teleservices are HIPAA compliant and that the delivery of teleservices has been reviewed and accepted by the HIPAA compliance officer.

How the telehealth service delivery will facilitate community integration. Explain:

Telehealth Service delivery reduces barriers by improving access to care for participants who have been assessed that

using remote technology is the most appropriate service delivery method to meet the participant's needs (including health and safety needs) and goals. Telehealth Services may be provided in the home and/or in the community.

Improved access to care includes:

- Connecting participants in rural or underserved areas to providers
- Reducing transportation barriers
- Providing on-going monitoring
- Providing self-management tools to increase independence
- Access to diverse providers

How the telehealth will ensure the successful delivery of services for individuals who need hands on assistance/physical assistance, including whether the service can be rendered without someone who is physically present or is separated from the individual. Explain:

Follow-up support to assist participants integrate into or back into the community safely

The following direct services may be rendered via teleservices:

- Cognitive Rehabilitation Therapy Services
- Counseling Services
- Nutritional Consultation
- Behavior Therapy Services
- Benefits Counseling

These services do not require hands on assistance/physical assistance.

☒ How the state will support individuals who need assistance with using the technology required for telehealth delivery of the service. Explain:

Providers will work with the PCSP planning team to determine the appropriate technology that will work best for the participant.

The provider is responsible for ensuring that any technology used to render teleservices is HIPAA compliant and that the delivery of teleservices has been reviewed and accepted by the HIPAA compliance officer.

Providers are responsible for providing initial and ongoing training and support to the participant, and anyone designated by the participant, regarding the operation of the technology used during teleservices, including turning it on and off at-will.

The provider, in conjunction with the Person-Centered Planning team, must develop a back-up plan that will be implemented should there be a problem with the technology.

☒ How the telehealth will ensure the health and safety of an individual. Explain:

Participants must have an informed choice to receive direct services in-person or via teleservices. Teleservices may only occur when the participant and the Person-Centered Planning team determines that using remote technology is the most appropriate service delivery method to meet the participant's needs (including health and safety needs) and

			goals. This determination will include consideration of how teleservices will promote improved health and welfare.	
9	Appendix C-2(b)	Beginning July 1, 2015, certifications must be obtained every 60 months regardless of service model. Any employee with current certification issued prior to July 1, 2015 must renew their certifications within 60 months from the date of their oldest certification or if their current certification is older than 60 months.	Beginning July 1, 2015, e-Certifications must be obtained every 60 months regardless of service model. Any employee with current certification issued prior to July 1, 2015, must renew their certifications within 60 months from the date of their oldest certification or if their current certification is older than 60 months.	Removed outdated language
12	Appendix C-5(2)	N/A	<p><i>By checking each box below, the state assures that the process will ensure that each setting will meet each requirement:</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. <input checked="" type="checkbox"/> The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. (see <i>Appendix D-1-d-ii</i>) <input checked="" type="checkbox"/> Ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 	With the new 1915(c) version 3.7 application, CMS added check boxes for the state to assure that settings meets the HCBS Setting Rule requirements.

Optimizes, but does not limit, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

Facilitates individual choice regarding services and supports, and who provides them.

Home and community-based settings do not include a nursing facility, an institution for mental diseases, an intermediate care facility for individuals with intellectual disabilities, a hospital; or any other locations that have qualities of an institutional setting.

Provider-owned or controlled residential settings.
(Specify whether the waiver includes provider-owned or controlled settings.)

No, the waiver does not include provider-owned or controlled settings.

Yes, the waiver includes provider-owned or controlled settings. (By checking each box below, the state assures that each setting, *in addition to meeting the above requirements, will meet the following additional conditions*):

The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants under the landlord/tenant law of the state, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the state must ensure that a lease,

residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

Each individual has privacy in their sleeping or living unit:

Units have entrance doors lockable by the individual:

Only appropriate staff have keys to unit entrance doors.

Individuals sharing units have a choice of roommates in that setting.

Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement

Individuals have the freedom and support to control their own schedules and activities.

Individuals have access to food at any time.

Individuals are able to have visitors of their choosing at any time.

The setting is physically accessible to the individual.

Any modification of these additional conditions for provider-owned or controlled settings, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered

			service plan (See Appendix D-1-d-ii of this waiver application).	
13	Appendix D-1(b)	N/A	<p>The state has established the following safeguards to mitigate the potential for conflict of interest in the service plan development. By checking each box, the state attests to having a process in place to ensure:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Full disclosure to participants and assurance that participants are supported in exercising their right to free choice of providers and are provided information about the full range of waiver services, not just the services furnished by the entity that is responsible for the person-centered service plan development; <input checked="" type="checkbox"/> An opportunity for the participant to dispute the state's assertion that there is not another entity or individual that is not that individual's provider to develop the person-centered service plan through a clear and accessible alternative dispute resolution process; <input checked="" type="checkbox"/> Direct oversight of the process or periodic evaluation by a state agency; <input checked="" type="checkbox"/> Restriction of the entity that develops the person-centered service plan from providing services without the direct approval of the state; and <input checked="" type="checkbox"/> Requirement for the agency that develops the person-centered service plan to administratively separate the plan development function from the direct service provider functions. 	With the new 1915(c) version 3.7 application, CMS added check boxes for the state to attest that a process is in place to ensure conflict free service planning.
	Appendix D-1(d)(ii)	N/A	<p>HCBS Settings Requirements for the Service Plan. By checking these boxes, the state assures that the following will be included in the service plan:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. 	With the new 1915(c) version 3.7 application, CMS added this section for the state to assure that the HCBS Settings

		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> For provider owned or controlled settings, any modification of the additional conditions under 42 CFR § 441.301(c)(4)(vi)(A) through (D) must be supported by a specific assessed need and justified in the person-centered service plan and the following will be documented in the person-centered service plan: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A specific and individualized assessed need for the modification. Positive interventions and supports used prior to any modifications to the person-centered service plan. Less intrusive methods of meeting the need that have been tried but did not work. <input checked="" type="checkbox"/> A clear description of the condition that is directly proportionate to the specific assessed need. Regular collection and review of data to measure the ongoing effectiveness of the modification. <input checked="" type="checkbox"/> Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. <input checked="" type="checkbox"/> Informed consent of the individual. <input checked="" type="checkbox"/> An assurance that interventions and supports will cause no harm to the individual. 	Rule is incorporated in service planning.
14	Appendix D-2(a)	CHC-MCOs are responsible for monitoring the implementation of the PCSP, including access to waiver and non-waiver services, the quality of service delivery, and the health, safety and welfare of participants.	CHC-MCOs are responsible for monitoring the implementation of the PCSP and adherence to the HCBS settings requirements , including access to waiver and non-waiver services, the quality of service delivery, and the health, safety and welfare of participants.
15	Appendix D-2(b)	N/A	The state has established the following safeguards to mitigate the potential conflict of interest in monitoring of service plan implementation, participant health and welfare, and adherence to the HCBS settings requirements. <i>By checking each box, the state attests to having a process in place to ensure:</i>

		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Full disclosure to participants and assurance that participants are supported in exercising their right to free choice of providers and are provided information about the full range of waiver services, not just the services furnished by the entity that is responsible for the person-centered service plan development; <input checked="" type="checkbox"/> An opportunity for the participant to dispute the state's assertion that there is not another entity or individual that is not that individual's provider to develop the person-centered service plan through a clear and accessible alternative dispute resolution process; <input checked="" type="checkbox"/> Direct oversight of the process or periodic evaluation by a state agency; <input checked="" type="checkbox"/> Restriction of the entity that develops the person-centered service plan from providing services without the direct approval of the state; and <input checked="" type="checkbox"/> Requirement for the agency that develops the person-centered service plan to administratively separate the plan development function from the direct service provider functions. 	safeguards in place to ensure conflict free service plan monitoring, health and welfare and adherence to the HCBS Settings Rule.
16	<p>Appendix C Service Definitions</p> <p>This sentence was amended in the following service definitions:</p> <p>Cognitive Rehabilitation Therapy, Counseling, and</p>	<p>...teleservices may be provided in accordance with the requirements in the Additional Needed Information Section of the Main Module.</p>	<p>... teleservices may be provided in accordance with the requirements in the Additional Needed Information Section of the Main Module Appendix C-1-d.</p>

	Nutritional Consultation.			
17	Appendix C Service Definitions Behavior Therapy Services	N/A	<p>Behavior Therapy teleservices may be provided in accordance with the requirements in Appendix C-1-d. Behavior Therapy may be provided via teleservice 100% of the time as reflected by the assessed need and participant choice. The provider is responsible for providing in-person training to the participant and/or the participant's representative, if needed. The participant may choose to have the in-person training at the provider's office or at participant's private home/community setting. Service coordinators must discuss the use of remote monitoring with the participant and/or the participant's representative and document the participant's agreement in the PSCP prior to initiating the teleservice delivery method. The service coordinator and the participant must develop a back-up plan in the event of equipment/technology failure. If this were to happen, the participant may choose to have the service in-person at the provider's office or in the private home/community setting. The participant will have control over the equipment and may turn the equipment on and off if they choose to do so. The provider must inform and train the participant of this option and document it in the treatment plan.</p>	Adding Teleservice as a delivery mode for Behavior Therapy.
18	Appendix C Service Definitions Benefits Counseling	N/A	<p>Benefits Counseling teleservices may be provided in accordance with the requirements in Appendix C-1-d. Benefits Counseling may be provided via teleservice 100% of the time as reflected by the assessed need and participant choice. The provider is responsible for providing in-person training to the participant and/or the participant's representative, if needed. The participant may choose to have the in-person training at the provider's office or at participant's private home/community setting. Service coordinators must discuss the use of remote monitoring</p>	Adding Teleservice as a delivery mode for Benefits Counseling.

with the participant and/or the participant's representative and document the participant's agreement in the PSCP prior to initiating the teleservice delivery method. The service coordinator and the participant must develop a back-up plan in the event of equipment/technology failure. If this were to happen, the participant may choose to have the service in-person at the provider's office or in the private home/community setting. The participant will have control over the equipment and may turn the equipment on and off if they choose to do so. The provider must inform and train the participant of this option and document it in the treatment plan.