

Appendix C: Participant Services

- a. **Waiver Services Summary.** Appendix C-3 sets forth the specifications for each service that is offered under this waiver. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

| Statutory Services (check each that applies) | | |
|---|---|----------------------------------|
| Service | Included | Alternate Service Title (if any) |
| Case Management | <input checked="" type="checkbox"/> | Service Coordination |
| Homemaker | <input type="checkbox"/> | |
| Home Health Aide | <input type="checkbox"/> | |
| Personal Care | <input checked="" type="checkbox"/> | Personal Assistance Services |
| Adult Day Health | <input checked="" type="checkbox"/> | Adult Daily Living |
| Habilitation | <input type="checkbox"/> | |
| Residential Habilitation | <input checked="" type="checkbox"/> | |
| Day Habilitation | <input checked="" type="checkbox"/> | Structured Day Habilitation |
| Expanded Habilitation Services as provided in 42 CFR §440.180(c): | | |
| Prevocational Services | <input checked="" type="checkbox"/> | Employment Skills Development |
| Supported Employment | <input checked="" type="checkbox"/> | Job Coaching |
| Education | <input type="checkbox"/> | |
| Respite | <input checked="" type="checkbox"/> | |
| Day Treatment | <input type="checkbox"/> | |
| Partial Hospitalization | <input type="checkbox"/> | |
| Psychosocial Rehabilitation | <input type="checkbox"/> | |
| Clinic Services | <input type="checkbox"/> | |
| Live-in Caregiver (42 CFR §441.303(f)(8)) | <input type="checkbox"/> | |
| Other Services (select one) | | |
| <input type="radio"/> | Not applicable | |
| <input checked="" type="radio"/> | As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional services not specified in statute (<i>list each service by title</i>): | |
| a. | Personal Emergency Response System (PERS) | |
| b. | Community Integration | |
| c. | Community Transition Services | |

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|----|----------------------------|
| d. | Non-Medical Transportation |
| e. | Home Adaptations |
| f. | Vehicle Modifications |
| g. | Assistive Technology |
| h. | Benefits Counseling |
| i. | Career Assessment |
| j. | Job Finding |
| k. | Cognitive Rehabilitation |
| l. | Nutritional Consultation |
| m. | Counseling Services |

Extended State Plan Services (*select one*)

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|----------------------------------|--|
| <input type="radio"/> | Not applicable |
| <input checked="" type="radio"/> | The following extended State plan services are provided (<i>list each extended State plan service by service title</i>): |
| a. | Nursing |
| b. | Physical Therapy |
| c. | Occupational Therapy |
| d. | Speech and Language Therapy |
| e. | Specialized Medical Equipment and Supplies |
| f. | Behavior Therapy |
| | |
| | |

Supports for Participant Direction (*check each that applies*)

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|-------------------------------------|---|
| <input checked="" type="checkbox"/> | The waiver provides for participant direction of services as specified in Appendix E. The waiver includes Information and Assistance in Support of Participant Direction, Financial Management Services or other supports for participant direction as waiver services. |
| <input checked="" type="checkbox"/> | The waiver provides for participant direction of services as specified in Appendix E. Some or all of the supports for participant direction are provided as administrative activities and are described in Appendix E. |
| <input type="radio"/> | Not applicable |

| Support | Included | Alternate Service Title (if any) |
|--|-------------------------------------|----------------------------------|
| Information and Assistance in Support of Participant Direction | <input checked="" type="checkbox"/> | Service Coordination |
| Financial Management Services | <input type="checkbox"/> | |

Other Supports for Participant Direction (*list each support by service title*):

| | |
|----|--|
| a. | |
| b. | |
| c. | |

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

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|-------------------------------------|--|
| <input type="radio"/> | Not applicable – Case management is not furnished as a distinct activity to waiver participants. |
| <input checked="" type="radio"/> | Applicable – Case management is furnished as a distinct activity to waiver participants. Check each that applies: |
| <input checked="" type="checkbox"/> | As a waiver service defined in Appendix C-3 (<i>do not complete C-1-c</i>) |
| <input type="checkbox"/> | As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). <i>Complete item C-1-c.</i> |
| <input type="checkbox"/> | As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). <i>Complete item C-1-c.</i> |
| <input type="checkbox"/> | As an administrative activity. <i>Complete item C-1-c.</i> |

c. Delivery of Case Management Services. Specify the entity or entities that conduct case management functions on behalf of waiver participants:

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Appendix C-2: General Service Specifications

- a. Criminal History and/or Background Investigations.** Specify the State’s policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (*select one*):

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| <input checked="" type="radio"/> | <p>Yes. Criminal history and/or background investigations are required. Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):</p> <p>Criminal history checks are required for all support service workers and must be conducted in accordance with 55 PA Code, Chapter 52, Sections 52.19 and 52.20. Individuals choosing to self-direct their services have the right to employ a worker regardless of the outcome of the background check. Support service workers who are employed by waiver participants must have criminal history clearances completed prior to hire, facilitated through the FEA as described below, so that participants can make an informed decision on whether to employ a worker who has a criminal record.</p> <p>All applicants are required to obtain a report of criminal history from the Pennsylvania State Police (PSP) within 30 work days from the date that the employee/provider initiates services to the participant. . The Pennsylvania State Police access the Pennsylvania Crime Information Center (PCIC) and the National Crime Information Center (NCIC) for this information; results are typically available within 1-2 business days. For applicants who have resided in Pennsylvania for less than two years, a fingerprint-based Federal Bureau of Investigation (FBI) federal criminal history record is also required.</p> <p>The home care/personal assistance agency is responsible for securing criminal history background checks for their employees. The agency must have a system in place to document that the criminal history background check was conducted, as well as the results of the background check.</p> <p>The Fiscal Employer/Agent (F/EA) is responsible for securing criminal history background checks for prospective support service workers prior to hiring workers. The cost of conducting criminal history background checks is included in the monthly per member per month rate paid to the F/EA. In addition, the F/EA must have a system in place to 1) document that the criminal history background check was conducted, and 2) notify individuals of the results of the background check, and 3) document the individual’s decision to employ a support service worker with a criminal record and their acceptance of responsibility for their decision.</p> <p>OLTL reviews provider personnel records as part of the biennial monitoring to ensure that criminal history checks are conducted and documented as referenced in the Quality Improvement section in this Appendix. In addition to regularly scheduled monitoring, OLTL may review records as necessary during incident report investigations or other circumstances as warranted.</p> |
| <input type="radio"/> | <p>No. Criminal history and/or background investigations are not required.</p> |

- b. Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (*select one*):

- **Yes.** The State maintains an abuse registry and requires the screening of individuals through this registry. Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Clearances are required for all direct care workers and service providers, including service coordinators and contractors, providing services in homes where children are present. A child is defined as an individual under 18 years of age.

The following three certifications must be obtained prior to providing services in homes where children are present:

- Report of criminal history from the Pennsylvania State Police (PSP);
- Fingerprint-based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI); and
- Child Abuse History Certification from the Department of Human Services (Child Abuse).

Requests for criminal history reports can be processed through the Pennsylvania State Police web-based computer application called “Pennsylvania Access To Criminal History” (PATCH), at <https://epatch.state.pa.us>, or by submitting the “Request For Criminal Record Check” form SP4-164 (updated 12/2017) to the following address: Pennsylvania State Police, Central Repository – 164, 1800 Elmerton Avenue, Harrisburg, PA 17110-9758, (888) 783-7972. The Department of Human Services utilizes IDEMIA, also referred to as Identogo and MorphoTrust, to process fingerprint-based FBI record checks. The fingerprint based background check is a multiple step process. The IDEMIA website <https://www.identogo.com> allows individuals to apply online, as well as provide detailed information regarding the application process.

Child Abuse History Certifications are obtained online at <http://www.compass.state.pa.us/CWIS>, or through the DHS ChildLine and Abuse Registry, P.O. Box 8170, Harrisburg, Pennsylvania 17105-8170, (717) 783-6211 or toll free at (877) 371-5422.

For those workers required to have clearances (see above), written results are required prior to the employee/provider initiating services in the participant’s home. Workers who are employed by waiver participants who have children present in their homes must have child abuse clearances completed prior to hire so that participants can make an informed decision on whether to employ a worker who has been named as a perpetrator of founded or indicated child abuse.

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.

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| | <p>If an employee is arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service, or is named as a perpetrator in a founded or indicated report, the employee must provide the administrator or their designee with written notice not later than 72 hours after the arrest, conviction or notification that the person has been listed as a perpetrator in the statewide database. An employee who willfully fails to disclose information as required above commits a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment.</p> <p>The employer, administrator, supervisor or other person responsible for employment decisions or acceptance of the individual to serve in any capacity requiring certifications, shall maintain copies of the required information</p> <p>The F/EA is responsible for securing clearances for prospective support service workers. The cost of conducting clearances is included in the monthly per member per month rate paid to the F/EA. In addition, the F/EA must have a system in place to document that the clearances were conducted.</p> <p>OLTL reviews provider personnel records as part of the biennial monitoring to ensure that the clearances are conducted and documented as referenced in the Quality Improvement section. In addition to regularly scheduled monitoring, OLTL may review records as necessary during incident report investigations or other circumstances as warranted.</p> |
| <input type="radio"/> | No. The State does not conduct abuse registry screening. |

c. Services in Facilities Subject to §1616(e) of the Social Security Act. Select one:

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| <input type="radio"/> | No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act. <i>Do not complete Items C-2-c.i – c.iii.</i> |
| <input checked="" type="radio"/> | Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). <i>Complete Items C-2-c.i –c.iii.</i> |

i. Types of Facilities Subject to §1616(e). Complete the following table for *each type* of facility subject to §1616(e) of the Act:

| Type of Facility | Waiver Service(s) Provided in Facility | Facility Capacity Limit |
|---------------------------|--|-------------------------|
| Personal Care Home | Residential Habilitation | 8 |
| Assisted Living Residence | Residential Habilitation | 8 |
| | | |
| | | |

- ii. **Larger Facilities:** In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Required information is contained in response to C-5.

- iii. **Scope of Facility Standards.** By type of facility listed in Item C-2-c-i, specify whether the State's standards address the following (*check each that applies*):

| Standard | Facility Type | Facility Type | Facility Type | Facility Type |
|---|--------------------|---------------------------|--------------------------|--------------------------|
| | Personal Care Home | Assisted Living Residence | | |
| Admission policies | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical environment | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Sanitation | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff : resident ratios | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff training and qualifications | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff supervision | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Resident rights | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication administration | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of restrictive interventions | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident reporting | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Provision of or arrangement for necessary health services | ✓ | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

- d. **Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

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|----------------------------------|---|
| <input checked="" type="radio"/> | No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services. |
| <input type="radio"/> | Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services. Specify: (a) the legally |

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| | <p>responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of <i>extraordinary care</i> by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.</i></p> |
| | |

- e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

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|---|--|
| ○ | The State does not make payment to relatives/legal guardians for furnishing waiver services. |
| ● | <p>The State makes payment to relatives/legal guardians under <i>specific circumstances</i> and only when the relative/guardian is qualified to furnish services. Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 each waiver service for which payment may be made to relatives/legal guardians.</i></p> <p>Family members can provide Personal Assistance and Respite Services; however, the following exclusions apply:</p> <ul style="list-style-type: none"> ● The OBRA Waiver will not pay for services furnished by the participant's spouse. ● The OBRA Waiver will not pay for services furnished by a legal guardian. ● The OBRA Waiver will not pay for services furnished by a Power of Attorney (POA). ● The OBRA Waiver will not pay for services furnished by a Representative Payee. <p>Aside from the exceptions noted above, there are no restrictions on the types of family members who may provide Personal Assistance or Respite Services.</p> <p>Family members who provide Personal Assistance or Respite Services must meet the same provider qualification standards as Support Services workers who provide Personal Assistance or Respite Services to non-relatives. Individual service plans for individuals who receive more than 40 hours per week of Personal Assistance Services from one individual (family member or non-family member) will be reviewed and approved by OLTL. Service Coordinators will monitor the provision of services in accordance with OLTL established protocols.</p> <p>OLTL will review participant records as part of the biennial monitoring to ensure that Service Coordinators have monitored the provision of services and documented their monitoring activities in accordance with OLTL protocols.</p> <p>Family members who provide Personal Assistance or Respite Services, like all providers, must submit signed time sheets of service delivery hours to the F/EA. The F/EA reviews authorized</p> |

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| | <p>billable units through the Home and Community Based Services Information System (HCSIS). Reimbursement for services rendered is generated through the Provider Reimbursement Operations Management Information System (PROMISe).</p> <p>Service delivery is monitored electronically through HCSIS and PROMISe to provide reimbursement for services approved in the participant's ISP. The F/EA will not pay for services that are not documented as necessary on the ISP.</p> |
| ○ | <p>Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-3. Specify any limitations on the types of relatives/legal guardians who may furnish services. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 each waiver service for which payment may be made to relatives/legal guardians.</i></p> |
| ○ | <p>Other policy. <i>Specify:</i></p> |

- f. **Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

All willing and qualified providers have the opportunity to enroll as waiver providers at any time. OLTL has continuous open enrollment of providers and does not limit the application for provider enrollment to a specific timeframe. Copies of the forms for provider enrollment are available upon request from the OLTL, and are also available to potential providers online through the DHS website <http://www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm>

As a condition of participation in the OBRA waiver, potential providers must meet the requirements set forth in 55PA Code, Chapter 52, as well as other applicable regulatory provisions. OLTL maintains responsibility for ensuring providers meet the approved provider qualifications, including certification and licensure, as referenced in the Quality Improvement section below. In addition, OLTL is responsible for enrolling qualified providers as a Medicaid waiver provider.

Appendix C-4: Additional Limits on Amount of Waiver Services

Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*check each that applies*).

| | |
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| <input type="radio"/> | Not applicable – The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3. |
| <input type="radio"/> | Applicable – The State imposes additional limits on the amount of waiver services. |

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant’s services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant’s needs; and, (f) how participants are notified of the amount of the limit.

| | |
|--------------------------|--|
| <input type="checkbox"/> | <p>Limit(s) on Set(s) of Services. There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver. <i>Furnish the information specified above.</i></p> |
| <input type="checkbox"/> | <p>Prospective Individual Budget Amount. There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. <i>Furnish the information specified above.</i></p> |
| <input type="checkbox"/> | <p>Budget Limits by Level of Support. Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. <i>Furnish the information specified above.</i></p> |
| <input type="checkbox"/> | <p>Other Type of Limit. The State employs another type of limit. <i>Describe the limit and furnish the information specified above.</i></p> |

Appendix C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCBS Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

Please see Module 1, Attachment #2 HCBS Settings Waiver Transition Plan for additional information. At the time of submission OLTL is gathering relevant information needed for compliance.