

Changes to the OBRA Waiver Effective 1/1/25 (Amendment)

KEY – **Bold** = Recommended additions
Strikethrough = Recommended removal

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
1.	Main Module: Additional Needed Information	N/A	<p>TELESERVICES</p> <p>Teleservices are the delivery of direct services using remote technology. The following direct services may be rendered via teleservices:</p> <ul style="list-style-type: none"> • Cognitive Rehabilitation Therapy Services • Counseling Services <p>Participants must have an informed choice to receive direct services in-person or via teleservices. Teleservices may only occur when the Individual Service 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 must be based on consideration of all of the following:</p> <ul style="list-style-type: none"> • Service delivery complies with the requirements in the service definition, OLTL policies, and regulations. • 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. <ul style="list-style-type: none"> o The use of live video communication devices in bathrooms is strictly prohibited as part of teleservices. 	Adding Teleservice delivery to the waiver.

- 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 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:
 - 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.).
- o All live real time audio and video communication devices used to render teleservices in any part of the home or community must include indicators that let the participant know that the equipment is on and operating in audio or video mode.
- How teleservices will support community integration.
- How teleservices will promote improved health and welfare.
- The request to use teleservices was initiated by a request from the participant and/or the family/representative when appropriate, and not the provider.
- How the participant's need for in-person support during service provision will be met.
- The provider, in conjunction with the Individual Service Planning team, has developed a back-up plan that will be implemented should there be a problem with the technology.

			<p>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. The provider is also 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.</p>	
2.	Appendix C-1/C-3 Service Specifications Benefits Counseling	<p>Benefits Counseling is a service designed to inform, and answer questions from, a participant about competitive integrated employment and how and whether it will result in increased economic self-sufficiency and/or net financial benefit through the use of various work incentives. This service provides an accurate, individualized assessment. The service provides information to the individual regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, housing subsidies, SNAP, etc.</p> <p>The service also will provide information and education to the participant regarding income reporting requirements for public benefit programs, including the Social Security Administration.</p>	<p>Benefits Counseling is a service designed to inform participants and answer their questions from, a participant about regarding if working in competitive integrated employment (CIE) while using various work incentives and how and whether it will result in increased economic self-sufficiency and/or net financial benefit through the use of various work incentives. This service provides an accurate, individualized financial and benefit assessment for participants interested in gaining and/or maintaining CIE. Additionally, The this service provides information to the individual regarding the full array of all available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, housing subsidies, SNAP, etc.</p> <p>The service also will provides information and education to educate the participant regarding income reporting requirements for public benefit programs, including the Social Security Administration (SSA).</p>	Modify language for better readability.
3.	Appendix C-1/C-3 Service Specifications Benefits Counseling Provider Specifications	- A Certified Work Incentives Counselor certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program.	<p>- A Certified Work Incentives Counselor (CWIC) certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program.</p> <p>- A Work Incentives Professional Certification (WIP-C) that is accepted by the Social Security Administration (SSA) to provide benefits counseling services.</p>	Add WIP-C certification for providers of Benefits Counseling to expand the pool of individuals who may provide the service.
4.	Appendix C-1/C-3 Service Specifications	N/A	CRT teleservices may be provided in accordance with the requirement in the Additional Needed Information Section of the Main Module.	Adding Teleservice to Cognitive Rehabilitation Therapy Services.

	Cognitive Rehabilitation Services			
5.	Appendix C-1/C-3 Service Specifications Counseling Services	N/A	Counseling teleservices may be provided in accordance with the requirement in the Additional Needed Information Section of the Main Module.	Adding Teleservice to Counseling Services.
6.	Appendix C-1/C-3 Service Definition Employment Skills Development	Handicapped employment, as defined in Title 55, Chapter 2390, may not be funded through the waiver. Waiver funding is not available for the provision of Employment Skills Development (e.g., sheltered work performed in a facility) where participants are supervised in producing goods or performing services under contract to third parties.	Handicapped employment, as defined in Title 55, Chapter 2390, may not be funded through the waiver. Waiver funding is not available for the provision of Employment Skills Development (e.g., sheltered work performed in a facility) where participants are supervised in producing goods or performing services under contract to third parties at subminimum wage and are not community integrated.	Add text to emphasize that sheltered workshop employment is not funded through the waiver.
7.	Appendix C-1/C-3 Service Specifications Home Adaptations	Adaptations to a household are limited to the following: ... Home Adaptations may only be funded through the waiver when the services are not covered by another responsible third-party, such as Medicare or private insurance.-Supports Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. ... Home adaptations must be obtained at the lowest cost. Building a new room is excluded. Specialized Medical Equipment and Supplies is excluded.	Adaptations to a household are limited to the following only when not covered by the MA State Plan: ... The MA State Plan will cover home accessibility durable medical equipment, including but not limited to, wheelchair lifts, stair glides, ceiling lifts, and metal accessibility ramps, which are medically necessary to enter and exit the home or to support activities of daily living and meets the definition of 42 CFR Section 440.70(b)(3)(i-ii), along with installation of the equipment or appliance. Other home adaptations in this service specification are not covered in the State Plan. Home Adaptations may only be funded through the waiver when the services are not covered by another responsible third-party, such as Medicare or private insurance.- Supports Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. ...	Add language to better differentiate between Home Adaptations in the waiver and Home Accessibility Durable Medical Equipment covered by the State Plan. Aligned OBRA Home Adaptations service definition with Community HealthChoices (CHC) Home Adaptations service definition.

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Rented property must meet the following:

- there is a reasonable expectation that the participant will continue to live in the home;
- written permission is secured from the property owner for the adaptation;
- the landlord will not increase the rent because of the adaptation;
- there is no expectation that waiver funds will be used to return the home to its original state.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service. This service may not be included on the same service plan as Residential Habilitation.

Depending on the complexity of the home adaptation, the independent evaluation by an occupational therapist or a physical therapist may be supplemented with an assessment by individuals holding the following certifications: Certified Environmental Access Consultant (C.E.A.C), Certified Living in Place Professional (CLIPP) or Executive Certificate in Home Modifications. Assessors with these certifications must have at least two years of experience assessing home adaptations for older adults or individuals with disabilities.

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Home adaptations must be obtained **in the least expensive, most cost-effective manner. Adaptations will not be approved if the home is in foreclosure, delinquent tax status, is not structurally sound, or the adaptation presents a safety concern based on applicable state and local building codes. Rent-to-purchase vertical lifts and stair glides may be rented provided the rental cost does not exceed the purchase price. When long-term use by the participant is expected or when the rental is anticipated to exceed the cost of purchase, the equipment will be purchased for the participant or a permanent home adaptation will be considered at the lowest cost.**

Building a new room **that adds to the total square footage of the home is excluded, except as noted below** is excluded. Specialized Medical Equipment and Supplies is excluded.

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~~Rented property adaptations~~ **Adaptations at rental properties** must meet the following:

- there is a reasonable expectation that the participant will continue to live in the home;
- written permission is secured from the property owner for the adaptation;

			<ul style="list-style-type: none"> the landlord will not increase the rent because of the adaptation; there is no expectation that waiver funds will be used to return the home to its original state. <p>Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service. This service may not be provided to participants receiving Residential Habilitation or residing in Assisted Living Residences, Domiciliary Care Homes or other provider owned and operated settings included on the same service plan as Residential Habilitation.</p>	
8.	Appendix C-1/C-3 Service Specifications Personal Emergency Response System (PERS)	<p>PERS is an electronic device which enables waiver participants to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated. The response center is staffed by trained professionals, as specified. The PERS vendor must provide 24 hour staffing, by trained operators of the emergency response center, 365 days a year.</p> <p>...</p> <p>Installation is covered one time per residential site.</p> <p>Stand-alone smoke detectors will not be billed under PERS.</p> <p>PERS covers the actual cost of the service and does not include any additional administrative costs.</p>	<p>A Personal Emergency Response System (PERS) is an electronic device that transmits a signal to a central monitoring center to summon assistance in the event of an emergency, which enables waiver participants to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated. The response center is staffed by trained professionals, as specified. The PERS vendor must provide 24 hour staffing, by trained operators of the emergency response center, 365 days a year. The necessary components of a system are:</p> <ol style="list-style-type: none"> An in-home medical communications transceiver. A remote, portable activator. A central monitoring center with backup systems which is staffed at all times. Current data files at the central monitoring station contain response protocols and personal, medical, and emergency information for each participant. <p>A portable locator system is an electronic device that transmits a signal to a monitoring device. The system allows a participant to access assistance in the event of an emergency and allows law enforcement or the monitoring system provider to locate a participant who is unable to request help or to activate a system independently. A portable locator</p>	Aligned OBRA PERS service definition with CHC PERS service definition for consistency.

system can be obtained as PERS only if the participant is unable to access assistance in an emergency situation due to the participant's age or disability. The required components of the portable locator system are:

1. A portable communications transceiver or transmitter to be worn or carried by the participant.
2. Monitoring by the provider at a central location with response protocols and personal, medical, and emergency information for each participant as applicable.

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A unit of service is a one-time installation fee or a monthly monitoring fee. Maintenance and repair of PERS rental equipment is the responsibility of the provider. In addition, provider staff are responsible for training participants regarding the use of the system.

PERS equipment shall include a variety of remote or other specialty activation devices from which the individual can choose in accordance with their specific needs. All PERS equipment shall have an internal battery that provides at least twenty-four hours of power without recharging and sends notification to the emergency response center when the battery's level is low. Equipment includes, but is not limited to:

- Wearable waterproof activation devices; and
- Devices that offer:
 - Voice-to-voice communication capability,
 - Visual indication of an alarm that may be appropriate if the consumer is hearing impaired, or
 - Audible indication of an alarm that may be appropriate if the consumer is visually impaired.

PERS does not include the following:

- Equipment such as a boundary alarm, a medication dispenser, a medication reminder, or any other equipment or home medical equipment or supplies, regardless of whether such equipment is connected to the PERS equipment.

			<ul style="list-style-type: none"> • Stand-alone smoke or carbon monoxide detectors. • Remote Telecare monitoring services, i.e., Health Status Measuring and Monitoring and Activity and Sensor Monitoring. • Monthly telephone charges associated with the participant's phone service. <p>When previously approved equipment has been damaged as a result of misuse, abuse or negligence, the Service Coordinator will make the determination around the cost-effectiveness of repairing and/or replacing damaged equipment or providing the participant with additional supports.</p> <p>...</p> <p>The cost of training participants is included in the charges for installation or the monthly monitoring fee. The maximum units per calendar year shall be one initial installation fee and 12 months of monthly monitoring service. The provider may not charge any additional costs over and above the installation and monthly monitoring fees.</p> <p>Installation is covered one time per residential site.</p> <p>Stand-alone smoke detectors will not be billed under PERS.</p> <p>PERS covers the actual cost of the service and does not include any additional administrative costs.</p>	
9.	Appendix C-1/C-3 Service Specifications PERS Provider Specifications		<ul style="list-style-type: none"> • Organization must have capacity to provide 24-hour coverage by trained professionals, 365 days/year. 	All providers of PERS must have this capacity. This is not a new requirement but changes to the service description above necessitate this addition.

10.	Appendix C-1/C-3 Service Specifications Structured Day Habilitation	<p>In addition to the general standards listed above, Individual Support Staff must:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a high school diploma or GED and have a minimum of five (5) years' experience working with people with disabilities, or... 	<p>In addition to the general standards listed above, Individual Support Staff must:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a high school diploma or GED and have a minimum of five (5) two (2) years' experience working with people with disabilities, or... 	<p>Change years of experience to 2 years to increase the pool of eligible workers to address workforce shortages.</p>
11.	Appendix C-2-a	<p>Criminal history clearances are obtained from the Pennsylvania State Police 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. A Federal Bureau of Investigation (FBI) federal criminal history record is required for applicants who have resided in Pennsylvania for less than two years.</p>	<p>All applicants are required to obtain a report of criminal history from the Pennsylvania State Police (PSP) Criminal history clearances are obtained from the Pennsylvania State Police 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. for applicants who have resided in Pennsylvania for less than two years.</p>	<p>Clarification of what clearances are needed.</p>
12.	Appendix C-2-b	<p>Clearances are required for all direct care workers and service providers, including service coordinators and contractors, providing services in homes where children reside. A child is defined as an individual under 18 years of age.</p> <p>The following three certifications must be obtained prior to providing services in homes where children reside:</p> <ul style="list-style-type: none"> • 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 	<p>Clearances are required for all direct care workers and service providers, including service coordinators and contractors, providing services in homes where children reside are present. A child is defined as an individual under 18 years of age.</p> <p>The following three certifications must be obtained prior to providing services in homes where children reside are present:</p> <ul style="list-style-type: none"> • 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). <p>...</p>	<p>Clarification of when child abuse clearances are needed for direct care workers.</p>

		<ul style="list-style-type: none"> • Child Abuse History Certification from the Department of Human Services (Child Abuse). <p>...</p> <p>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 residing 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.</p>	<p>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 residing 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.</p>	
13.	Appendix D-1-d	<p>How responsibilities are assigned for implementing the plan:</p>	<p>How responsibilities are assigned for implementing the plan:</p> <p>...</p> <p>If the provider develops a treatment or service plan for the participant, it must be incorporated into the overall ISP.</p> <p>Any modification of a participant's rights in a setting, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the ISP. The following requirements must be documented in the ISP:</p> <ul style="list-style-type: none"> • Identify a specific and individualized assessed need. • Document the positive interventions and supports used prior to any modifications to the person-centered service plan. • Document less intrusive methods of meeting the need that have been tried but did not work. • Include a clear description of the condition that is directly proportionate to the specific assessed need. • Include regular collection and review of data to measure the ongoing effectiveness of the modification. • Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. • Include the informed consent of the individual. 	<p>Add language to reinforce that if a participant's rights in a setting need to be modified due to an assessed need it must be documented in the ISP and if a provider creates a treatment or service plan, that plan must be incorporated into the ISP.</p> <p>These items are in response to feedback from CMS during the HCB Settings Final Rule Heightened Scrutiny onsite visits.</p>

			<ul style="list-style-type: none"> • Include an assurance that interventions and supports will cause no harm to the individual. 	
14.	Appendix F-1: Opportunity to Request a Fair Hearing	If the participant files an appeal (written or oral) within 10 calendar days of the mailing date of the written notification from the Service Coordinator, the appealed Waiver service(s) are required to continue until a decision is rendered after the appeal hearing (55 Pa. Code § 275.4(a)(3)(v)(C)(I)). As noted above, the continuation language is included in the written notice that is sent to the participant by the Service Coordinator. The postmark of a mailed appeal will be used to determine if the 10 day requirement was met by the participant.	If the participant files an appeal (written or oral) within 15 10 calendar days of the mailing date of the written notification from the Service Coordinator, the appealed Waiver service(s) are required to continue until a decision is rendered after the appeal hearing (55 Pa. Code § 275.4(a)(3)(v)(C)(I)). As noted above, the continuation language is included in the written notice that is sent to the participant by the Service Coordinator. The postmark of a mailed appeal will be used to determine if the 15 10 day requirement was met by the participant.	Update the time frame to file appeals.
15.	Appendix F-3-c	Individuals calling the OLTL Participant Helpline with a complaint/grievance are logged into the Enterprise Information System (EIM), a web-based database, and the information is then referred to the appropriate Bureau for resolution.	When an individual calls Individuals calling the OLTL Participant Helpline with a complaint/grievance, the calls are logged (complaints by the Case Management Unit and grievances into the Enterprise Information System (EIM), a web-based database) are logged into the Enterprise Information System (EIM), a web-based database, and the information is then referred to the appropriate Bureau for resolution.	To be more specific how complaint/grievances are logged.
16.	Appendix G-1-b	The Office of Long-Term Living has initiated a comprehensive incident reporting and management process. Critical events are referred to as critical incidents and defined as an event that jeopardizes the participant's health and welfare. Two OLTL offices are involved in the oversight of the Incident Management process – the Bureau of Quality and Provider Management (BQPM) and the Bureau of Participant Operations (BPO).	The Office of Long-Term Living has initiated a comprehensive incident reporting and management process. Critical events are referred to as critical incidents and defined as an event that jeopardizes the participant's health and welfare. Two OLTL offices are involved in the oversight of the Incident Management process – The Bureau of Quality Assurance and Program Analytics and the Bureau of Coordinated and Integrated Services (BCIS), the Bureau of Quality and Provider Management (BQPM) and the Bureau of Participant Operations (BPO).	Bureau names updated.
17.	Appendix G-1-b	Required reporters must report critical incidents within 48 hours of their occurrence or-discovery. OLTL has initiated a mandatory electronic reporting system for reporting all critical incidents. The electronic reporting system, referred to as EIM, allows Service Coordinators and Direct Service providers to submit critical incidents through a web-based application where they are accessed by Service Coordinators, the CHC-MCOs and OLTL staff.	Required reporters must report critical incidents within 48 hours of their occurrence or discovery. OLTL has initiated a mandatory electronic reporting system for reporting all critical incidents. The electronic reporting system, referred to as EIM, allows Service Coordinators and Direct Service providers to submit critical incidents through a web-based application where they are accessed by Service Coordinators, the CHC-MCOs and OLTL staff.	Clarify that critical incidents must be reported with 48 hours of discovery.

18.	Appendix G-1-b	Incidents reported through the OLTL Participant HelpLine are entered into EIM by OLTL staff and the incidents are handled the same way as those reported directly through the web-based application. The following information is collected for each reported incident, regardless of how it is received: reporter information, participant demographics, OLTL program information, event type/details and description of the incident.	Incidents are reported in through the OLTL Participant HelpLine are entered into EIM by OLTL staff and the incidents are handled the same way as those reported directly through the web-based application. The following information is collected for each reported incident, regardless of how it is received: reporter information, participant demographics, OLTL program information, event type/details and description of the incident.	Clarification on how incidents are reported. Update Bureau name.
19.	Appendix G-1-d	The Service Coordinator is responsible for conducting an investigation of incidents The Service Coordination Entity has two (2) days to provide initial information to OLTL in cases involving sexual abuse, serious injury, serious bodily injury or suspicious death, and 30 days from the initial report to provide all the information regarding the incident to OLTL.	The Service Coordinator is responsible for conducting an investigation of incidents The Service Coordination Entity must provide initial report to OLTL of any incidents has two (2) days to provide initial information to OLTL in cases involving sexual abuse, serious injury, serious bodily injury or suspicious death within 48 hours of discovery. and 30 days from the initial report to provide all the information regarding the incident to OLTL. All information regarding the incident must be provided to OLTL within 30 days of the discovery of the incident.	Clarification on timeframes of reporting incidents.
20.	Appendix G-1-d	<ul style="list-style-type: none"> Provide a report to OLTL within 30 business days of the occurrence. When unable to conclude initial investigation within 30 days, request an extension from OLTL through EIM. 	<ul style="list-style-type: none"> Provide a report to OLTL within 30 business calendar days of the occurrence. When unable to conclude initial investigation within 30 days, request an extension from OLTL through EIM. 	Clarification on timeframes of reporting incidents.
21.	Appendix G-2-a	Once a complaint has been filed it is recorded by OLTL staff in a central database and appropriate actions are taken, including notification of the local law enforcement agency.	Once a complaint has been filed it is recorded by OLTL staff in a central database Complaints regarding use of restraints are reported through EIM and then appropriate actions are taken, including notification of the local law enforcement agency.	Clarification on how use of restraint complaints are reported.
22.	Appendix G-2-b	Once a complaint has been filed, it is recorded by OLTL staff in a central database and appropriate actions are taken, including notification of the local law enforcement agency.	Once a complaint has been filed, it is recorded by OLTL staff in a central database Complaints are reported through EIM and appropriate actions are taken, including notification of the local law enforcement agency.	Clarification on filing complaints on restrictive interventions.
23.	Appendix G-2-c	Once a complaint has been filed, it is recorded by OLTL staff in a central database and appropriate actions are	Once a complaint has been filed, it is recorded by OLTL staff in a central database Complaints are reported through EIM and appropriate actions are taken, including notification of the local law enforcement agency.	Clarification on filing complaints for use of seclusion.

		taken, including notification of the local law enforcement agency.		
24.	Appendix G-3-b-ii	Providers are required to immediately report medication errors to the participant, the participant’s designated party, when applicable, and the prescriber. Medication errors that require medical intervention, i.e. hospitalization or emergency room visits, must be reported to OLTL via EIM within 24 hours of occurrence or discovery as outlined in Appendix G-1-b.	Providers are required to immediately report medication errors to the participant, the participant’s designated party, when applicable, and the prescriber. Medication errors that require medical intervention, i.e. hospitalization or emergency room visits, must be reported to OLTL via EIM within 4824 hours of occurrence or discovery as outlined in Appendix G-1-b.	Updated reporting timeframes.
25.	Appendix G-3-c-ii	<p>Medication Administration by Unlicensed Residential Habilitation Providers:</p> <p>Unlicensed Residential Habilitation providers are required to follow- OLTL’s “Medication Management Policy for Unlicensed Providers Bulletin”, which clarifies when a participant is expected to self-administer, receive assistance with medication administration, and the training required for provider staff to administer medication.</p> <p>...</p> <p>Medication Administration Training</p> <p>(b) For the purposes of this bulletin, an OLTL-approved medications administration course refers to the Department of Human Services Office of Developmental Program’s training program. Information on this training program is found by calling 1-800-438-1958 or by going to: http://www.dhs.state.pa.us/provider/training/medicationadministration/index.htm</p>	<p>Medication Administration by Unlicensed Residential Habilitation Providers:</p> <p>Unlicensed Residential Habilitation providers are required to follow OLTL’s “Medication Management Policy for Unlicensed Providers Bulletin”, which clarifies when a participant is expected to self-administer, receive assistance with medication administration, and the training required for provider staff to administer medication.</p> <p>...</p> <p>(b) For the purposes of this bulletin, An OLTL-approved medications administration course refers to the Department of Human Services Office of Developmental Program’s training program. Information on this training program is found by calling 1-800-438-1958 717-221-1630 or by going to: http://www.dhs.state.pa.us/provider/training/medicationadministration/index.htm https://medadmin.myodp.org/</p>	<p>The bulletin is already incorporated into the waiver.</p> <p>Update contact information for the Medication Administration training.</p>
26.	Appendix G-3-c-iii	Medication errors that require medical intervention, i.e. hospitalization or emergency room visits, must be reported to OLTL via EIM within 24 hours of occurrence or discovery as specified in OLTL Critical Incident Management Bulletin.	Medication errors that require medical intervention, i.e. hospitalization or emergency room visits, must be reported to OLTL via EIM within 48 24 hours of occurrence or discovery as specified in OLTL Critical Incident Management Bulletin.	Update reporting timeframes.
27.	Appendix H-2	H.2 Use of a Patient Experience of Care/Quality of Life Survey	H.2 Use of a Patient Experience of Care/Quality of Life Survey	OLTL added the HCBS CAHPS Survey.

		<p>a. Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months (Select one):</p> <ul style="list-style-type: none"> o No • Yes (Complete item H.2b) <p>b. Specify the type of survey tool the state uses:</p> <ul style="list-style-type: none"> o HCBS CAHPS Survey; o NCI Survey; o NCI AD Survey; • Other (Please provide a description of the survey tool used): <p>The Participant Review Tool (PRT) was designed by Office of Long-Term Living (OLTL) and Service Coordinators (SC) to elicit information from the participant in order to help the SC determine whether the participant needs additional, different and/or varied services, including additional community activities. The PRT is administered by the SC; which was intended to assist the SC Entity to identify signs of actual or potential abuse, neglect, and exploitation and determine the next steps they need to take in order to protect the health and welfare of the participant.</p>	<p>a. Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months (Select one):</p> <ul style="list-style-type: none"> o No • Yes (Complete item H.2b) <p>b. Specify the type of survey tool the state uses:</p> <ul style="list-style-type: none"> • HCBS CAHPS Survey; o NCI Survey; o NCI AD Survey; • Other (Please provide a description of the survey tool used): <p>The Participant Review Tool (PRT) was designed by Office of Long-Term Living (OLTL) and Service Coordinators (SC) to elicit information from the participant in order to help the SC determine whether the participant needs additional, different and/or varied services, including additional community activities. The PRT is administered by the SC; which was intended to assist the SC Entity to identify signs of actual or potential abuse, neglect, and exploitation and determine the next steps they need to take in order to protect the health and welfare of the participant.</p>	
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