

Adult Autism Waiver Amendment
Effective Date: November 1, 2023

KEY - Black Bold Font = Additions proposed and submitted to CMS. No changes were made because of public comment.
Strikethrough = Information removed.
Red Bold Font = Information added because of public comment and submitted to CMS.
Purple Font = Changes made after original submission of the waivers.

Appendix	Waiver Section	Recommended Revised Language	Reason for Change
B-3-c	Reserved Waiver Capacity	<p>*New Category*</p> <p>Purpose <i>(provide a title or short description to use for lookup)</i>: People transitioning from a Long-Term Structured Residence</p> <p>Purpose <i>(describe)</i>: ODP reserves waiver capacity for participants requiring services in a Long-Term Structured Residence (LTSR) licensed under 55 Pa. Code Chapter 5320. Reserved capacity begins on the first day the participant is served in the LTSR. ODP anticipates and reserves existing capacity for participants who require Waiver services upon being discharged from an LTSR. Capacity may be reserved for up to 180 days prior to the expected date of discharge.</p> <p>All participants enrolled in the waiver have comparable access to all services offered in the waiver regardless of whether he or she is enrolled due to meeting reserved capacity criteria or the Selection of Entrants to the Waiver criteria in Appendix B-3-f. All participants must go through the service plan process, including the full exploration of all service options.</p> <p>Describe how the amount of reserved capacity was determined: The amount of reserved capacity is based on the historical average number of participants who have been served in an LTSR per year.</p> <p>Reserved capacity = 5</p>	<p>This addition allows a participant who is disenrolled from the waiver due to the need for mental health services in a Long-Term Structured Residence return to the waiver upon discharge.</p>
B-3-a	Unduplicated Number of Participants	<p>Year 1 – 754 Year 2 – 764769</p>	<p>The unduplicated number of participants is increasing in Waiver Years 2 through 5 to ensure there</p>

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		Year 3 – 764 769 Year 4 – 764 769 Year 5 – 764 769	are enough spaces in the waivers to serve those individuals whose capacity is reserved when they require services in a LTSR.
B-3-b	Limitation on the Number of Participants Served at Any Point in time	Year 1 – 718 Year 2 – 718 723 Year 3 – 718 723 Year 4 – 718 723 Year 5 - 718 723	The number of participants served at any point in time is increasing in Waiver Years 2 through 5 to ensure there are enough spaces in the waivers to serve those individuals whose capacity is reserved when they require services in a LTSR.
C-1/C-3	Assistive Technology	Electronic devices that are not used during provision of Remote Supports are included under Assistive Technology to meet a communication or prompting need or to enable participants to independently control devices and appliances in their home and community. Examples of electronic devices include: tablets, computers and electronic communication aids. There must be documentation that the device is a cost-effective alternative to a service or piece of equipment. Applications for electronic devices that assist participants with a need identified are also covered.	The purpose of this proposed change is to enhance opportunities for waiver participants to independently control devices and appliances in their home and community through the use of electronic devices covered under the Assistive Technology service definition.
C-1/C-3	Assistive Technology	An item, piece of equipment, or product system, acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve a participant’s functioning or increase their ability to exercise choice and control. Assistive Technology services include direct support in the selection, acquisition, or use of an assistive technology device, limited to: <ul style="list-style-type: none"> • Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participant. Leasing of equipment and devices is only allowable short term: <ul style="list-style-type: none"> ○ For emergency substitution of a device or equipment until repairs are made or a replacement can be purchased; or 	This change is the result of public comment recommending that leasing of devices should be allowed short-term for specific purposes.

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		<ul style="list-style-type: none"> ○ To allow a participant to try equipment and device(s) to determine whether the equipment or device(s) will be a good fit for the participant’s needs. 	
C-1/C-3	Career Planning	<p>Vocational Assessment includes:</p> <ul style="list-style-type: none"> • The discovery process, which includes but is not limited to identifying the participant’s current preferences, interests, skills and abilities, including types of preferred and non-preferred work environments; ability to access transportation, with or without support; existing social capital (people who know the participant and are likely to be willing to help the participant) and natural supports which can be resources for employment. Discovery also includes review of the participant’s work history. • Community-based job try-outs or situational-vocational assessments. • Identifying other experiential learning opportunities such as internships or short-term periods of employment consistent with the participant’s skills and interests as appropriate for exploration, assessment and discovery. • Facilitation of access to ancillary job-related programs such as Ticket to Work, including Ticket Outcome and Milestone payments, and work incentives programs, as appropriate. • Facilitation of access to benefits counseling services provided by certified individuals. Assisting participants to make contact with relevant agencies and obtain documents needed to access employment supports and services that educate participants on the impact of employment on current benefits. • Consulting with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks on behalf of a participant; • Development of a Vocational Profile that specifies recommendations regarding the participant’s individual needs, preferences, abilities and the characteristics of an optimal work environment. The Vocational Profile must also specify the training or skill development necessary to achieve the participant’s employment goals and which may be addressed by other related services in the participant’s service plan. <p>Job Finding includes (as needed by the participant):</p> <ul style="list-style-type: none"> • Prospective employer relationship-building/networking; • Identifying potential employment opportunities consistent with the participant’s Vocational Profile; • Collaboration and coordination with the participant’s natural supports in identifying potential contacts and employment opportunities; • Assisting participants to make contact with relevant agencies and obtain documents needed to access employment supports and services that educate participants on the impact of employment on current benefits; 	<p>ODP is clarifying that assisting a person to obtain Benefits Counseling can be completed as part of any component of the Career Planning service. Examples of this assistance include supporting a person to contact the Ticket to Work Help Line, obtain their Benefits Planning Query statement from their local Social Security Administration office, or complete other paperwork or releases that are needed to get services through the Work Incentives Planning and Assistance program.</p>

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		<ul style="list-style-type: none"> • Consulting with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks on behalf of a participant; • Job search; • Support for the participant to establish an entrepreneurial or self-employment business, including identifying potential business opportunities, development of a business plan and identification of necessary ongoing supports to operate the business; • Identifying and developing customized employment positions including job carving; • Informational interviews with employers; • Referrals for interviews; and • Support of the participant to negotiate reasonable accommodations and supports necessary for the individual to perform the functions of a job. 	
C-1/C-3	Supported Employment	<p>Supported Employment includes assisting participants to make contact with relevant agencies and obtain documents needed to access employment supports and services that educate participants on the impact of employment on current benefits. Supported Employment also includes consulting with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks on behalf of a participant.</p> <p style="text-align: center;">***</p> <p>Intensive Job Coaching provides on-the-job training and support to assist participants in stabilizing in a supported or self-employment situation. Intensive Job Coaching supports participants who require on-the-job support for more than 20% of their work week at the outset of the service, with the expectation that the need for support will diminish during the Intensive Job Coaching period (at which time, Extended Employment Supports will be provided if ongoing support is needed). Within 6 months of the first day of service delivery, the provider will develop a fading plan or fading schedule that will address how use of this service will decrease as the participant’s productivity and independence on the job increases and as he or she develops unpaid supports through coworkers and other on-the-job resources.</p>	<p>ODP is clarifying that assisting a person to obtain Benefits Counseling can be completed as part of any component of the Supported Employment service. Examples of this assistance include supporting a person to contact the Ticket to Work Help Line, obtain their Benefits Planning Query statement from their local Social Security Administration office, or complete other paperwork or releases that are needed to get services through the Work Incentives Planning and Assistance program.</p> <p>ODP is adding that a formal “fade plan or fade schedule” must be developed.</p>

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C-1/C-3	Supports Coordination Provider Qualifications	<p>Supports Coordination Organizations (SCO) must meet the following standards during the initial and ongoing qualification process regardless of service location:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Submit a financial statement that has been audited by an independent Certified Public Accountant to ODP on an annual basis. 3. Have a signed ODP Provider Agreement on file with ODP. 4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Function as a conflict-free entity. A conflict-free SCO, for purposes of this service definition, is an agency that does not have a fiduciary relationship with an agency providing direct services in the Adult Autism Waiver. An SCO may become an Organized Health Care Delivery System (OHCDs) for any vendor service authorized in the participant’s service plan. 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 waiver, as well as 55 Pa. Code § 6100.803. 6. Have conflict of interest disclosure statements that address unbiased decision making by the SCO, managers and staff. 7. Have current State motor vehicle registration and inspection for all vehicles owned, leased, or hired and used as a component of the Supports Coordination service. 8. Have automobile insurance for all automobiles owned, leased, or hired and used as a component of the Supports Coordination service. 9. Have Commercial General Liability Insurance or provide evidence of self-insurance as specified by insurance standards. 10. Have Workers’ Compensation Insurance in accordance with state law. 11. Have sufficient SCO personnel to carry out all functions to operate. 12. Have the ability to utilize ODP’s Information System to document and perform Supports Coordination activities. 13. Cooperate with and assist, as needed, ODP and any state and federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting Medicaid fraud and abuse. 14. Cooperate with Health Care Quality Units, independent monitoring teams, and other external monitoring conducted by ODP’s designees. 15. Comply with HIPAA. 16. Comply with Department standards related to SCO qualification and enrollment. 	<p>ODP proposes changes to the qualifications providers must meet to ensure that all residential providers are financially prepared to deliver Supports Coordination services through ODP’s qualification process.</p>
C-1/C-3	Day Habilitation	<p>Day Habilitation provides individualized assistance with acquiring, retaining, and improving communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community. The service is expected to help the participant</p>	<p>ODP is clarifying that conversations about community</p>

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		<p>develop and sustain a range of valued social roles and relationships; build natural supports; increase independence; and experience meaningful community participation and inclusion. To achieve this, each participant must be offered opportunities and needed support to participate in community activities that are consistent with the individual’s preferences, choices and interests. Each participant’s preferences, choices, skills, strengths and interests may change based on their experiences which will require providers to have ongoing conversations (no less frequently than quarterly) about community activities in which the participant would like to participate. Support provided should include a comprehensive analysis of the participant in relation to the following:</p> <ul style="list-style-type: none"> • Strongest interests & personal preferences for community activities, • Skills, strengths, & other contributions likely to be valuable to employers or the community, and • Conditions necessary for successful community inclusion and/or competitive integrated employment. <p>This service includes:</p> <ul style="list-style-type: none"> • activities to improve the participant’s capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation), • assisting participants to make contact with relevant agencies and obtain documents needed to access employment supports and services that educate participants on the impact of employment on current benefits, • on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision, • planning and coordinating a participant’s daily/weekly schedule for day habilitation services, • personal assistance in completing activities of daily living and instrumental activities of daily living, and • assistance with medication administration and the performance of health-related tasks to the extent state law permits. <p style="text-align: center;">***</p> <p>Service locations where more than 10% of individuals are receiving less than 25% of their time in community settings are required to clearly describe the following for the service location in the Quality Management Plan:</p> <ul style="list-style-type: none"> • The number/percent of individuals not receiving at least 25% of their time in community settings, • The number of individuals who want to increase the amount of time they spend in the community, 	<p>activities should occur no less than quarterly to ensure that each participant’s experiences from the previous quarter inform their choice of activities for the next quarter. This aligns with progress note requirements in Bulletin 00-22-03.</p> <p>ODP is clarifying that assisting a person to obtain Benefits Counseling can be completed as part of any component of the Day Habilitation service. Examples of this assistance include supporting a person to contact the Ticket to Work Help Line, obtain their Benefits Planning Query statement from their local Social Security Administration office, or complete other paperwork or releases that are needed to get services through the Work Incentives Planning and Assistance program.</p> <p>ODP is proposing to permanently remove the exception process for participants who spend less than 25% of their Day Habilitation time participating in community</p>

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		<ul style="list-style-type: none"> • Action steps for increasing time in the community for each individual identified in the previous bullet, including timeframes for achieving each action step, • Barriers to supporting individuals with engaging in community activities, including action steps to address the barriers and timeframes for achieving each action step, • The methods and frequency used by the provider to offer options to receive services in integrated community settings in-line with each participant’s preferences, choices and interests for community activities, • Successful community experiences, such as building relationships, employment opportunities and natural supports, • The staff position responsible for reviewing and updating the Quality Management Plan. <p>A service location’s community integration plan should be made available upon request by ODP.</p> <p>This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania.</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>A participant may not receive Day Habilitation services in a licensed Adult Training Facility for more than 75 percent of his or her support time, on average, per month. A participant may request an exception to this limitation. The exception request must be submitted in writing to ODP by the participant’s Supports Coordinator on behalf of the participant, using a form designated by ODP.</p>	<p>activities. This is based on feedback and data reviewed during the suspension of the requirement as a result of the COVID-19 pandemic. ODP will continue to ensure that providers are offering each participant the opportunity to participate in community activities through the Quality Assessment and Improvement (QA&I) process. Providers will also be required to develop a community integration plan for service locations where 75% or more of participants’ time on average is spent participating in facility activities.</p> <p>Language regarding an exception is being removed to conform with current practice.</p>
C-1/C-3	Day Habilitation Provider Qualifications	<p>License <i>(specify)</i>: Title 55 PA Code Chapter 2380 Pennsylvania must be licensed under 55 Pa. Code Chapter 2380 relating to Adult Training Facilities or under 6 Pa. Code Chapter 11 relating to Older Adult Day Services. A comparable license is required for providers with a waiver service location in states contiguous to Pennsylvania.</p>	<p>ODP is proposing this change to align with the provider qualifications in the Consolidated, Community Living, and Person/Family Directed Support (P/FDS) waivers (“ID/A Waivers”).</p>
C-1/C-3	Home Modifications	<p>The following are covered as modifications to a household subject to funding under the Waiver:</p> <p>A. Alarms and motion detectors on doors, windows, and/or fences;</p>	<p>Handrails are being returned as a home accessibility adaptation that can be covered through the waiver. As Pennsylvania works on implementing coverage of Home</p>

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		<p>B. Brackets for appliances;</p> <p>C. Locks;</p> <p>D. Modifications needed to accommodate a participant’s special sensitivity to sound, light or other environmental conditions;</p> <p>E. Handrails that are considered a structural home modification;</p>	<p>Accessibility DME through Medical Assistance, we have received clarification that handrails that are considered a structural home modification do not meet the definition of equipment and appliances in the federal regulations under 42 CFR 440.70(b)(3) that are covered under the MA state plan.</p>
C-1/C-3	Residential Habilitation (Community Homes and Life Sharing), Respite, Specialized Skill Development, and Supports Coordination	During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.	ODP is updating waiver language to align with current policy and practice.
C-1/C-3	Family Support	<p>Teleservices</p> <p>Teleservices are the delivery of direct services through remote technology. Direct Family Support teleservices may be provided in accordance with ODP policy.</p> <p>Participants must have an informed choice to receive direct services in-person or via teleservices. Teleservices may only occur when the service plan 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, ODP policies, and regulations. 	<p>After internal review, ODP is proposing to continue to offer direct Family Support via teleservices when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p>

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		<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 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"> ○ The use of live video communication devices in bathrooms is prohibited as part of teleservices. ○ 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. ○ 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: <ul style="list-style-type: none"> ▪ 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.). ○ 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 enhance the participant’s integration into the community. • 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 needs for in-person support during service provision will be met. • The provider, in conjunction with the service plan team, has developed a back-up plan that will be implemented should there be a problem with the technology. 	

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		<p>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. 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>	
C-1/C-3	Remote Supports	<p>The purpose of Remote Supports services is to assist participants in obtaining and/or maintaining their independence and safety within their private home and in the community and to decrease the need for assistance from others. Remote Supports is used during periods of time that direct services are not required. Remote Supports as a separate service cannot be authorized on the service plan when a participant is receiving Life Sharing, Residential Habilitation, or Supported Living services.</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i> Remote Supports services cannot be authorized as a separate service on the service plan for participants who are authorized to receive Residential Habilitation, Life Sharing or Supported Living services as monitoring by and interaction with professionals are covered in the rates for those services.</p> <p>Participants who receive Residential Habilitation (Community Living) or Life Sharing services may be authorized to receive Remote Supports Equipment and Technology (procedure code W6087) for technology and equipment that will be used in the delivery of remote supports as a method of residential service delivery. Participants who receive Residential Habilitation (Community Living) or Life Sharing services may not be authorized to receive the Remote Supports service (procedure code W6088) as this is covered in the rate paid for the residential service.</p> <p>Remote Supports Equipment and Technology that is purchased, not leased, through this service is the property of the participant and must accompany the participant when they move into a new home.</p>	<p>ODP is proposing to allow participants receiving remote supports as a method of residential service delivery, to also receive Equipment and Technology needed for the delivery of the service through the Remote Supports service. This proposed change will mitigate confusion currently caused by allowing the equipment and technology to be purchased through Assistive Technology and provide additional transparency regarding which participants are receiving remote supports as a method of residential service delivery.</p>
C-1/C-3	Remote Supports	<p><i>Provider Category</i> Agency</p> <p><i>Provider Type Title</i> Residential Remote Supports Equipment and Technology</p> <p><i>Other Standard</i></p>	<p>ODP proposes a new provider qualification category to make it easy for residential providers to use Remote Supports to purchase technology and equipment for participants receiving remote</p>

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		<p>Be an enrolled and qualified provider of Residential Habilitation (Community Homes or Life Sharing) services with ODP. <i>Entity Responsible for Verification</i> ODP or its Designee</p> <p><i>Frequency of Verification</i> At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.</p>	<p>supports as a method of residential service delivery.</p>
C-1/C-3	Residential Habilitation (Community Homes and Life Sharing)	<p>Participants authorized to receive Residential Habilitation (Community Homes or Life Sharing) services:</p> <ul style="list-style-type: none"> • May receive Assistive Technology Remote Supports Equipment and Technology (procedure code W6087) to purchase or lease devices technology or equipment that will be used exclusively by the participant for the delivery of remote supports as a method of Residential Habilitation/Life Sharing/Supported service delivery. The devices or equipment must meet the Assistive Technology Remote Supports service definition requirements for equipment and technology. All items purchased through Remote Supports shall meet the applicable standards of manufacture, design and installation. Items reimbursed with Waiver funds shall be in addition to any equipment or supplies provided under the MA State Plan. Excluded are those items that are not of direct medical or remedial benefit to the participant, or are primarily for a recreational or diversionary nature. Items designed for general use shall only be covered to the extent necessary to meet the participant's needs and be for the primary use of the participant. • May not receive the discrete Remote Supports service. Remote Supports is intended to reduce the participant's need for direct support that would typically be provided as part of the Residential Habilitation service. Remote supports is built into the Residential Habilitation rate and cannot be authorized as a separate service in the service plan. 	<p>ODP is proposing to allow participants receiving remote supports as a method of residential service delivery, to also receive Equipment and Technology needed for the delivery of the service through the Remote Supports service. This proposed change will mitigate confusion currently caused by allowing the equipment and technology to be purchased through Assistive Technology and provide additional transparency regarding which participants are receiving remote supports as a method of residential service delivery.</p>
C-1/C-3	Residential Habilitation (Community Homes and Life Sharing) <i>Provider Qualifications</i>	<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania. 2. Submit a financial statement that has been audited by an independent Certified Public Accountant to ODP on an annual basis. 3. Have a signed ODP Waiver Provider Agreement on file with ODP. 4. Meet the requirements of 55 Pa. Code Chapter 6400 (Community Homes) or 6500 (Life Sharing), as applicable. 	<p>Supporting participants through Residential services can be complex and dynamic. Residential Habilitation requires a provider to be prepared at all times to meet the needs of each individual it supports and initiate and</p>

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		<ol style="list-style-type: none"> 5. Be qualified and enrolled to provide Residential Habilitation/Life Sharing services in the Consolidated or Community Living Waiver. 6. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 7. Have Commercial General Liability Insurance. 8. Have documentation that all vehicles used in the provision of Residential Habilitation services have automobile insurance. 9. Have documentation that all vehicles used in the provision of Residential Habilitation services have current State motor vehicle registration and inspection. 10. Have Worker’s Compensation Insurance in accordance with state law. 11. Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day. 12. Ensure that staff (direct, contracted, in a consulting capacity or volunteers) meet the qualifications for this service. 13. Comply with Department standards related to provider qualifications. <ol style="list-style-type: none"> 13. Ensure that Supports Coordination Organizations and the Department have 24-hour access to Residential Habilitation senior management personnel (Executive Director, Chief Executive Officer, Chief Operations Officer or Director, Assistant or Associate Director) for response to emergency situations related to the provision of the Residential Habilitation service. 	<p>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 proposes changes to the qualifications providers must meet to ensure that all residential providers are financially prepared to render services to individuals.</p>
C-1/C-3	Transportation	<p>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</p> <p>Expenditure for Transportation is limited to \$7,500 per participant’s service plan year with the following exception:</p> <p>For participants receiving Transportation Trip, expenditure for the Transportation Trip service only is limited to \$10,000 per participant’s service plan year.</p>	<p>ODP is proposing to increase the overall fiscal limit for Transportation as a result of public comment. The increased limit for Transportation Trip is being proposed due to changes in rates and to ensure that participants receive necessary services.</p>
C-1/C-3	Transportation Provider Qualifications	<p><i>Drivers and aides working for or contracted 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:</i></p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Complete training on the needs of the participant included in the service plan, which includes but is not limited to communication, mobility and behavioral needs. 3. Complete standard ODP required orientation and annual training. 	<p>ODP is simplifying the requirements for providers by aligning provider qualifications with the qualifications required by the ID/A waivers.</p>

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		<p>4. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p> <p>5. Have a valid driver’s license if the operation of a vehicle is necessary to provide Transportation services.</p>	
D-2-a	Service Plan Implementation and Monitoring	<p>(c) The frequency with which monitoring is performed</p> <p>The Supports Coordinator is required to visit the participant in person at least once each quarter or every three (3) months. Within each year;</p> <ul style="list-style-type: none"> • At least one visit must occur in the participant’s home; and • At least one visit must occur in a location outside the home where a participant receives services, if services are furnished outside the home. <p>Supports Coordination teleservices may be used to conduct monitoring for one out of the four required face-to-face monitorings per service plan year when both of the following are met:</p> <ul style="list-style-type: none"> • The Supports Coordinator can see and hear the participant, the caregiver(s) and the environment using the technology; and • The Supports Coordinator has given the participant an informed choice to receive the monitoring via teleservices or in-person. 	ODP is proposing this requirement to align with current guidance protect the health and safety of participants receiving residential services.

Appendix	Waiver Section	Recommended Revised Language	Reason for Change
		<p>For all individuals receiving Residential Habilitation (Community Home) or Life Sharing, teleservices are not permitted and no more than six months can lapse between face-to-face monitorings at the residential setting.</p>	
I-3-c	Supplemental or Enhanced Payments	<p><i>Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the nonFederal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the state to CMS. Upon request, the state will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.</i></p> <p>Supplemental Payments for Technology that Enhances the Provision of Waiver Services</p> <p>a) Providers of direct waiver services can receive a one-time supplemental payment for technology related activities that strengthen and enhance waiver services. The following activities would be supported by this initiative:</p> <ul style="list-style-type: none"> • Purchase of assistive and/or remote support technology • Purchase and implementation of new software or technology for electronic health records • Technology associated with improving quality or risk management functions • Technology professional credentialing identified in ODP provider qualifications • Purchase of consultation services to enhance technological capabilities <p>This initiative is designed to enhance waiver services by:</p> <ul style="list-style-type: none"> • Replacing staff functions with the use of technology, allowing staff time to be directed to other care activities. • Providing individuals greater independence and choice using technology • Improving quality of care through implementation of solutions like electronic health records and integrated data solutions. <p>SCOs can receive a one-time supplemental payment for technology related activities that enhance HCBS by:</p> <ul style="list-style-type: none"> • Improving capacity to conduct remote monitoring of individuals • Improving efficiency of Supports Coordinators including maximizing time in the field • Obtaining or enhancing secure inter-office communications • Implementing technology dependent quality improvement strategies. <p>b) Providers of direct waiver services and SCOs enrolled with ODP as of March 1, 2022, are eligible to receive a one-time supplemental payment of up to \$20,000.</p>	<p>Supplemental payments, which are currently approved through Appendix K waivers, are being added to the Adult Autism Waiver to continue to maximize use of funding for these payments after Appendix K ends in November 2023.</p>

Appendix	Waiver Section	Recommended Revised Language	Reason for Change
		<p>c) Supplemental payments for service recovery and expansion will be funded through State general funds due to savings from the enhanced Federal funds available as per Pennsylvania’s Spending Plan for Section 9817 of the American Rescue Plan Act of 2021. Providers must utilize the supplemental payments by October 31, 2024.</p> <p>d) ODP will review all submissions and notify providers of approval of the project and amount. Providers will implement project plans and upon receipt of supporting documentation of expenses (i.e., paid invoices, accounting records), providers will be reimbursed for eligible expenses up to the approved amount. Providers that satisfy the conditions for the supplemental payments will retain 100% of the total computable expenditure claimed by the state to CMS.</p> <p>Supplemental Payments for Staff Training, Credentialing, and Business Associates Programs for Employment</p> <p>a) Providers of direct services can receive a one-time supplemental payment for the following activities:</p> <ul style="list-style-type: none"> • Agency adoption of CMS core competency training for Direct Support Professionals (DSPs) • DSP National Association for Dual Diagnosis certifications • Agency completion of National Association for Dual Diagnosis Accreditation. • Lifecourse Ambassador Series for individuals or agency hosting of the series. • Providers are encouraged to be creative in their proposals with an eye towards the development of creating or enhancing career ladders for DSPs, portability, and expansion of a well-qualified workforce and employing the principles of Lifecourse. <p>b) Providers of direct services, excluding SCOs, are eligible to receive up to 1% of ODP eligible service revenue from FY 2019-2020, FY 2020-2021 or \$100,000, whichever is greater.</p> <p>c) Supplemental payments for service recovery and expansion will be funded through State general funds due to savings from the enhanced Federal funds available as per Pennsylvania’s Spending Plan for Section 9817 of the American Rescue Plan Act of 2021. Providers must utilize the supplemental payments by October 31, 2024.</p> <p>d) ODP will review all submissions and notify providers of approval of the project and amount. Providers will implement project plans and upon receipt of supporting documentation of expenses (i.e., paid invoices, accounting records), providers will be reimbursed for eligible expenses up to the approved amount. Providers that satisfy the conditions for the supplemental payments will retain 100% of the total computable expenditure claimed by the state to CMS.</p>	