

**Record of Change for January 1, 2023 Renewals
Consolidated, Community Living, and Person/Family Directed Support Waivers**

Key:
 “All Intellectual Disability/Autism Waivers (ID/A) Waivers” – Consolidated, Community Living, and P/FDS Waivers
 Black Bold Font – Language proposed to be added and submitted for final approval.
 Black Strikethrough – Language proposed to be removed and submitted for final approval.
 Red Bold Font – Language added because of public comment.
 Red Strikethrough – Language removed because of public comment
 Purple Bold Font – Language added based on feedback from CMS

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
Consolidated and Community Living Waivers	Main Module	Additional Information	<p><u>Remote Supports as a Method of Residential Habilitation, Life Sharing or Supported Living Service Delivery</u></p> <p>Remote supports involve the use of technology that uses two-way real time communication in the participant's home and/or community that allows someone from off-site to monitor and respond to the participant's health and safety needs. Remote supports are an optional method of service delivery rendered as part of Residential Habilitation, Life Sharing or Supported Living services that must enhance or increase the participant’s independence, reduce the participant’s need for direct support, and comply with 42 CFR 441.301(c)(4)(vi)(A) through (D) related to privacy, control of schedule and activities and access to visitors.</p> <p><u>Participants must have an informed choice to receive remote supports as a method of service delivery. This method of service delivery may only occur when the service plan team determines that remote supports is the most appropriate service delivery method to meet the participant’s needs (including health and safety needs) and goals.</u> Remote supports must be documented in the service plan and fully integrated into the participant’s overall system of support using person-centered planning. Prior to implementing remote supports as a method of residential service delivery, the residential provider must discuss the following with the service plan team to determine the appropriateness of this service delivery method:</p> <ul style="list-style-type: none"> • An evaluation plan that, at a minimum, includes: 	CMS requested that additional information be added to ensure each participant’s privacy when remote technology is used to render services with a focus on remote technology used in the participant’s bathroom or bedroom.

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			<ul style="list-style-type: none"> ○ The need(s) of the participant that will be met by the remote supports; ○ The equipment and/or devices that will be used and the participant’s control over the equipment and/or devices. The participant’s control over the equipment will be determined on a case-by-case basis depending on the device(s)/equipment used and the participant’s needs; ○ How the remote supports will ensure the participant's health, welfare and independence; and ○ The training needed to successfully utilize the technology. This includes training the participant and staff on the equipment and/or devices that will be used. ○ An outcome monitoring plan. ○ The back-up plan that will be implemented should there be a problem with the remote supports, including the equipment and/or devices used. The back-up plan must be developed in accordance with guidance in Appendix D- 1-e to ensure that the health and safety needs of each participant will be met. ○ The impact the remote supports will have on the participant’s privacy, including whether devices and/or equipment used facilitate each participant’s right to privacy of person and possessions. <ul style="list-style-type: none"> ▪ <u>Recording of live interactions with the participant via audio or video is prohibited. 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.</u> ▪ <u>Without exception, the use of video monitoring equipment in bedrooms and bathrooms is prohibited.</u> ▪ <u>It is allowable for staff to provide live audio prompts needed by the participant in bathrooms and bedrooms as part of this method of service delivery. The participant must be alerted prior to the activation of any audio communication device unless the participant turns on the audio communication device themselves.</u> 	

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			<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ <u>Live real-time video communication between the participant and a staff person may only occur in the participant’s bedroom when all of the following are met:</u> <ul style="list-style-type: none"> • <u>The participant has chosen to receive services 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 (staff, family, housemates, etc.) during the receipt of services;</u> • <u>The participant turns the video communication device on and off themselves or requests assistance in turning the video communication device on and off;</u> • <u>The participant does not share a bedroom with others; and</u> • <u>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.).</u> ○ <u>All audio and video devices that are used to render remote supports in any location in the home or community must include indicators that let the participant know that the devices are on and operating in audio or video mode.</u> ○ <u>Sensors and other non-audio/video devices are permitted in bedrooms and bathrooms as part of the service plan.</u> <p>This information must be provided to the participant in a form of communication understood by the individual. After this has been completed, the residential provider must then obtain either the participant’s consent in writing or the written consent of a legally responsible party for the participant. Documentation of participant consent produced by the provider is acceptable if the person/legally responsible party is able to consent but unable to do so in writing. This process must be completed prior to</p>	

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			<p>the utilization of remote supports and any change that impacts the participant's privacy.</p>	
All ID/A Waivers	Main Module	Additional Information	<p><u>Teleservices</u> <u>Teleservices are the delivery of direct services using remote technology. The following direct services may be rendered via teleservices:</u></p> <ul style="list-style-type: none"> • <u>Community Participation Support (refer to the service definition for limits regarding use of this method of service delivery)</u> • <u>In-Home and Community Support (refer to the service definition for limits regarding use of this method of service delivery)</u> • <u>Supported Employment</u> • <u>Therapy Services</u> • <u>Supports Broker</u> • <u>Behavioral Support</u> • <u>Communication Specialist</u> • <u>Companion (refer to the service definition for limits regarding use of this method of service delivery)</u> • <u>Consultative Nutritional Services</u> • <u>Music and Art Therapy</u> <p><u>Supports Coordination teleservices may also be rendered through the waivers. Due to the nature of Supports Coordination services, requirements for teleservices are different and are therefore included in the Supports Coordination service definition in Appendix C.</u></p> <p><u>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:</u></p> <ul style="list-style-type: none"> • <u>Service delivery complies with the requirements in the service definition, ODP policies, and regulations.</u> • <u>Teleservices must be provided by means that allow for live two-way communication with the participant, no recording of the interaction shall be</u> 	<p>The Centers for Medicare and Medicaid Services (CMS) requested that this information be moved from a previous amendment to the renewals.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p> <p>CMS requested that additional information be added to ensure each participant's privacy when remote technology is used to render services with a focus on remote technology used in the participant's bathroom or bedroom.</p>

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			<p><u>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.</u></p> <ul style="list-style-type: none"> • The provider has explained to the participant and everyone else residing in the home the impact that <u>teleservices</u> will have on their privacy. <ul style="list-style-type: none"> ○ <u>The use of live video communication devices in bathrooms is prohibited as part of teleservices.</u> ○ <u>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.</u> ○ <u>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:</u> <ul style="list-style-type: none"> ▪ <u>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;</u> ▪ <u>The participant turns the video communication device on and off themselves or requests assistance in turning the video communication device on and off;</u> ▪ <u>The participant does not share a bedroom with others; and</u> ▪ <u>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.).</u> ○ <u>All live real time audio and video communication devices used to render teleservices in any part of the home or community must include indicators</u> 	

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			<p><u>that let the participant know that the equipment is on and operating in audio or video mode.</u></p> <ul style="list-style-type: none"> • How <u>teleservices</u> enhance the participant’s integration into the community. • The request to use <u>teleservices</u> 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. <p>The provider is responsible for ensuring that any technology used to render <u>teleservices</u> are HIPAA compliant <u>and that the delivery of teleservices has been reviewed and accepted by the HIPAA compliance officer.</u> 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 <u>teleservices</u>, including turning it on and off at-will.</p>	
Community Living Waiver	B-3-a	Unduplicated Number of Participants	<p><u>Year 1 – 4500 4700 5432</u></p> <p><u>Year 2 – 4500 4700 5432</u></p> <p><u>Year 3 – 4500 4700 5432</u></p> <p><u>Year 4 – 4500 4700 5432</u></p> <p><u>Year 5 – 4500 4700 5432</u></p>	The unduplicated number of individuals in the Community Living Waiver is being increased to accommodate budget initiatives and turnover for Fiscal Years 2021-2022 and 2022-2023.
All ID/A Waivers	B-3-c	Reserved Waiver Capacity	<p><i>Purpose:</i> Hospital/Rehabilitation Care</p> <p>ODP reserves waiver capacity for participants requiring <u>hospital/rehabilitation care up to 180 days from the first date of leave. Reserved capacity begins on:</u></p> <ul style="list-style-type: none"> • <u>Day 31 in medical and psychiatric hospital settings.</u> • <u>Day 1 in rehabilitation care programs and nursing homes.</u> 	Reserved capacity ensures that individuals do not need to go on the waiting list to return to the waiver after they have been in a hospital or rehabilitation care for more than 31 days. Clarification has been added

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			<ul style="list-style-type: none"> • Hospital care beyond 30 consecutive days and up to 6 consecutive months from the first date of leave when they are not receiving any waiver services during that time; • or • Rehabilitation care beyond 30 consecutive days and up to 6 consecutive months from the first date of leave. <p>Waiver capacity will be reserved for participants requiring hospital or rehabilitation care in the following settings: medical and psychiatric hospital settings, rehabilitation care programs and nursing homes.</p> <p>The amount of reserved capacity is determined by the historical average number of participants who have been on hospital/rehabilitation leave for more than 30 consecutive days and up to 6 consecutive months for up to 180 days.</p>	<p>regarding how days are counted for reserved capacity.</p> <p>This does not apply to individuals who are in medical hospitals who continue to receive waiver services during their hospitalization in accordance with ODP policies as they will continue to be enrolled in the waiver.</p>
All ID/A Waivers	C-1/C-3	Community Participation Support	<p><u>Community Participation Support teleservices may be rendered in homes where participants reside in accordance with the requirements in the Additional Needed Information Section of the Main Module. Teleservices cannot be used to provide enhanced levels of Community Participation Support because direct in-person assistance is required.</u></p> <p><u>Community Participation Support teleservices may only be rendered to a participant in their Residential Habilitation home when the participant:</u></p> <ul style="list-style-type: none"> • <u>Routinely participates in Community Participation Support services in-person outside the home; and</u> • <u>Has a medical or behavioral condition that precludes their in-person participation for a temporary period of time <u>not to exceed 26 consecutive weeks.</u></u> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i> <u>Participants may receive a maximum of 520 hours (2080 15-minute units) of <u>Community Participation Support teleservices</u> per fiscal year.</u></p>	<p>CMS requested that this information be moved from a previous amendment to the renewals.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p>
All ID/A Waivers	C-1/C-3	In-Home and Community Supports	In-Home and Community Support is a direct service provided in home and community settings to assist participants in acquiring, maintaining and improving the skills necessary to live in the community, to live more independently, and to participate meaningfully in	CMS requested that this information be moved from a

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			<p>community life. In-Home and Community Support teleservices may be provided in accordance with the requirements in the Additional Needed Information Section of the Main Module. To the extent that In-Home and Community Support is provided in community settings, the settings must be inclusive rather than segregated.</p> <p>Staff providing the In-Home and Community Support must be awake during overnight hours for the purpose of performing tasks that require continual in-person assistance as identified in the service plan to ensure medical or behavioral stability and that are able to be performed by a trained non-medically-licensed individual. These tasks include the following:</p> <ul style="list-style-type: none"> • Taking vital statistics when monitoring has been prescribed by a licensed professional, such as post-surgical care, • Positioning, • Performing range of motion exercises as directed by a licensed professional, • Administering prescribed medications (other than over the counter medications), • Applying prescribed treatments, • Monitoring for seizure activity for a participant with convulsive (grand mal) epilepsy that is not able to be controlled by medication, • Maintaining the functioning of devices whose malfunction would put the participant at risk of hospitalization, and • Crisis intervention in accordance with the participant's behavior support plan. <p><u>In-Home and Community Support teleservices cannot be used to provide overnight or enhanced levels of service because direct in-person assistance is required.</u> If the participant only needs supervision or assistance with tasks that do not meet the criteria above such as evacuation in the event of an emergency during overnight hours, the appropriate service during this time period is Companion services.</p>	<p>previous amendment to the renewals.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p>
All ID/A Waivers	C-1/C-3	Companion	<p>Companion services are direct services provided to participants age 18 and older who live in private homes for the limited purposes of providing supervision or assistance that is designed to ensure the participant's health, safety and welfare and to perform incidental activities of daily living for the participant. This service is intended to assist the individual to participate more meaningfully in home and community life. Companion teleservices may be provided during awake hours in accordance with the requirements in the Additional</p>	<p>CMS requested that this information be moved from a previous amendment to the renewals.</p> <p>This guidance will become effective when Appendix K</p>

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			<p>Needed Information Section of the Main Module. Companion <u>teleservices</u> may not be provided during overnight asleep hours.</p>	<p>flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p>
<p>Consolidated and Community Living Waivers</p>	<p>C-1/C-3</p>	<p>Companion</p>	<p>Companion may be provided at the same time as Supported Employment, and Advanced Supported Employment, Residential Habilitation, Life Sharing, and Supported Living at the participant's place of community integrated employment for the purpose of supporting the participant in-person with non-skilled activities, supervision and/or personal care needs that cannot, or would be inappropriate to, be provided with the support from coworkers or other natural supports and is outside the scope of the Supported Employment or Advanced Supported Employment service. Documentation must be maintained in the service plan about the methods that were considered and/or tried to support the non-skilled activities, supervision and/or personal care needs at the job site before it was determined that Companion was necessary to enable the participant to sustain competitive integrated employment.</p> <p style="text-align: center;">***</p> <p>Participants authorized to receive Residential Habilitation, Life Sharing or Supported Living may not only be authorized to receive in-person Companion services when services are used to support a participant at their place of community integrated employment.</p>	<p>ODP is making this change to allow for discrete Companion service to be authorized when a participant is working and does not need Job Coaching or needs assistance beyond the scope of the Job Coaching service.</p> <p>Additional clarification regarding the type of in-person Companion activities that can be performed at a participant's place of competitive integrated employment was added based on public comment.</p>
<p>All ID/A Waivers</p>	<p>C-1/C-3</p>	<p>Assistive Technology</p>	<p>Remote supports are included for participants age 16 and older during periods of time that direct services are not required. Remote supports involve the use of technology that uses two-way real time communication in the participant's home or community that allows someone from an agency who is offsite to monitor and respond to the participant's safety needs. Interaction with a professional occurs as needed as part of remote supports but is not the main function of the service. The purpose of remote supports is to assist participants in obtaining and or maintaining their independence and safety within their home and community and decreasing their need for assistance from others. Examples of technology include: medication dispensers, door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS Tracking Watches, panic pendants. Remote supports also includes the equipment necessary to operate the technology & the costs for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the technology equipment.</p>	<p>Based on feedback from the Centers for Medicare and Medicaid Services, Remote Supports will be removed as a component of Assistive Technology and will be a separate discrete service under the waivers.</p>

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			<p>Remote supports are fully integrated into the participant's overall system of support. Prior to the purchase and installation of the equipment, the ISP team & the potential remote supports provider is responsible for the completion of:</p> <ul style="list-style-type: none"> • An evaluation plan that, at a minimum, includes the needs of the participant that will be met by the remote supports, how the remote supports will ensure the participant's health, welfare and independence, the training needed to successfully utilize the technology, and the back-up plan that will be implemented if there is a problem with the remote supports. • A cost benefit analysis for all options. If the participant is receiving waiver services prior to receiving remote supports, the cost benefit analysis must show how remote supports will substitute for at least an equivalent amount of waiver services within 60 calendar days after installation, training & full use by the participant has begun. If the participant is not receiving waiver services prior to receiving remote supports, the cost benefit analysis must show how remote supports is more cost effective than waiver services. • An outcome monitoring plan that outlines the outcomes the participant is to achieve by using remote supports, how the outcomes will be measured, and the frequency that the monitoring will be completed which must be at least quarterly and more frequently if needed. • Informing the participant, and anyone identified by the participant of the impact the remote supports will have on the participant's privacy. This includes information about whether the participant can turn off the remote supports device or equipment if they choose to do so and what will happen if they turn off the remote supports device or equipment. This information must be provided in a form of communication that is understood by the participant. The provider must then obtain either the participant's consent in writing or the written consent of a legally responsible party for the participant. This process must be completed prior to the utilization of remote supports and any time there is a change to the remote supports. <p>Once remote supports has been approved on the service plan, the remote supports provider is responsible for the following:</p> <ul style="list-style-type: none"> • Training the participant, family, natural supports and any support professionals that will assist the participant in the use of the equipment initially and ongoing as 	

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			<p>needed. This includes training on how to turn off the remote supports device or equipment if they choose to do so.</p> <ul style="list-style-type: none"> • Delivery of the equipment to the participant’s residence and when necessary, to the room or area of the home in which the equipment will be used. • Installation of the equipment, including assembling the equipment or parts used for the assembly of the equipment. • Adjustments and modifications of the equipment. • Transferring the equipment to a new home when the participant moves. This only applies when the new home is in an area served by the provider. • Conducting monthly testing of the equipment to ensure the equipment is in good working condition and is being used by the participant. For remote supports devices that are in daily use there will be a means to continuously monitor the functioning of the devices and a policy or plan in place to address malfunctions. • Maintenance and necessary repairs to the equipment. Replacement of equipment is covered when the device no longer meets the participant’s needs, is obsolete, functionally inadequate, unreliable, or no longer supported by the manufacturer. • Ensure the remote supports equipment meets the following: • Includes an indicator that lets the participant know that the equipment is on and operating. The indicator shall be appropriate to meet the participant’s needs. <ul style="list-style-type: none"> o Is designed so that it can be turned off only by the person(s) indicated in the service plan. o Has 99% system uptime that includes adequate redundancy. o Has adequate redundancy that ensures critical system functions are restored within three hours of a failure. If a service is not available, the provider must be alerted within ten minutes. o If the assessment identifies the need for a staffed call center, a backup plan must be in place that meets the needs of the participant. In the most demanding situation that may mean that there is another call center that is part of a network. In less demanding situations, it may be an alternate location that can become operational within a time frame that meets the needs of the participant. In any event, an adequate “system down” plan must be in place. o If a main hub is part of the installed system it should be A/C powered, and include a backup battery capable of maintaining a charge to ensure the continued connectivity of the remote supports equipment if power loss occurs. There will be a mechanism to alert staff when a power outage occurs that provides a low battery 	

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			<p>alert, and an alert if the system goes down so that back-up support, if required, are put in place until service is restored. A main hub, if required, must be able to connect to the internet via one or more different methods; hard-wired, wireless, or cellular. The main hub must also have the ability to send via one or more different modes; text, email or audio notifications, as well as the ability, if in the assessment, to connect to an automated or consumer support call center that is staffed 24 hours a day, 7 days a week.</p> <ul style="list-style-type: none"> o Has a latency of no more than 10 minutes from when an event occurs to when the notification is sent (via text, email or audio). o Has the capability to include environmental controls that are able to be added to, and controlled by, the installed remote supports system if identified in the assessment. o Have a battery life expectancy lasting six months or longer, and notification must be given if a low battery condition is detected. <p style="text-align: center;">***</p> <p><i>Assistive Technology has the following limits:</i> The following list includes items excluded as Assistive Technology (please note this is not an exhaustive list of excluded items):</p> <ul style="list-style-type: none"> • Durable medical equipment, as defined by 55 Pa. Code Chapter 1123 and the MA State Plan; • Hearing aids for children under 21 years of age; • Air conditioning systems or units, heating systems or units, water purifiers, air purifiers, vaporizers, dehumidifiers, and humidifiers; • <u>Video monitoring equipment that will be installed or used in the participant's bedroom or bathroom;</u> • Recreational or exercise equipment; and • Swimming pools, hot tubs, whirlpools and whirlpool equipment, and health club memberships. <p style="text-align: center;">***</p> <p>An annual limit of \$5,000 for remote supports. Intensive remote supports above the annual limit of \$5,000 is allowed using the standard ODP variance process. Remote supports costs are not included in the overall Assistive Technology lifetime limit of \$10,000.</p>	

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All ID/A Waivers	C-1/C-3	Benefits Counseling	<p>Benefits Counseling may only be provided after Benefits Counseling services provided by a Certified Community Work Incentives Coordinator Counselor through a Pennsylvania-based federal Work Incentives Planning and Assistance (WIPA) program were sought and it was determined and documented by the Supports Coordinator that such services were not available either because of ineligibility or because of wait lists that would result in services are not being available within 30 calendar days (this is only required once per year; i.e., it must be repeated if Benefits Counseling is needed in a subsequent year).</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Benefits Counseling services are limited to a maximum of 40 60 (15-minute) units which is equal to 10 15 hours per participant per fiscal year for any combination of initial benefits counseling, supplementary benefits counseling when a participant is evaluating a job offer/promotion or a self-employment opportunity, or problem-solving assistance to maintain competitive integrated employment.</p>	ODP is clarifying language regarding seeking Benefits Counseling through the WIPA. In addition, ODP is increasing the annual limit on Benefits Counseling from 10 hours per year to 15 hours per year based on stakeholder feedback.
All ID/A Waivers	C-1/C-3	Communication Specialist	<p>This is a direct and indirect service that supports participants with nontraditional communication needs. by determining the participant's communication needs, educating the participant and his or her caregivers on the participant's communication needs and the best way to meet those needs in their daily lives.</p> <p>Communication Specialist teleservices may be provided in accordance with requirements in the Additional Needed Information Section of the Main Module ODP policy. This service is not intended to replace or duplicate the services provided by a Speech and Language Pathologist (SLP).</p> <p><u>Nontraditional communication may consist of:</u></p> <ul style="list-style-type: none"> • Sign Language, including American Sign Language, Sign Language from other countries, such as Spanish Sign Language; Signed Exact English, or a mixture of American Sign Language and signed English, Tactile, or Protactile Sign Language • Lip Reading • Visual-Gestural Communication (gestures, facial expressions, and body language use and analysis without grammar rules of language) • Paralinguistics, Haptics, Touch Cues • Artifacts, Texture Cues, and/or Objects of Reference 	<p>Clarification regarding the activities that a communication specialist can provide has been added.</p> <p>Additional examples of methods of nontraditional communication used by the participant have been added based on public comment.</p>

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			<ul style="list-style-type: none"> • Braille • Print and Symbol Systems • Eye-Gaze and other Speech Generating Devices • Other communication methods as identified by the Department <p>This service builds an ongoing framework and system to support the participant’s communication needs. The team then integrates that framework into all aspects of the participant’s life.</p> <p>This service includes a comprehensive review of all available information, the development of strategies to support the participant based upon the review, and the provision of interventions and training to the participant, staff, parents, and caregivers. Services must be required to meet the current needs of the participant, as documented and authorized in the service plan.</p> <p>During the communication plan development, the Communication Specialist must conduct a comprehensive review of the participant’s communication needs and skills (both expressive and receptive) across settings. The comprehensive review includes including but not limited to the participant’s:</p> <ul style="list-style-type: none"> • Current methods of communication; (how the participant communicates at the time of the assessment); • Preferred methods of communication; (How the participant prefers to communicate); • Supplementary communication methods; • Communication methods that have proven to be ineffective in daily communication; and • Team’s knowledge and application of Educating caregivers in the participant’s current and preferred communication needs methods; • Any existing documents related to communication including but not limited to, SLP assessments, behavior assessments, and/or other relevant assessments; and • Environmental elements conducive to effective communication. <p>The Communication Specialist may complete additional evaluations, if deemed necessary that do not fall under the scope of the SLP and are included in the ODP required training.</p>	

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			<p>Once the review is complete, an action plan is developed. The action plan should be person-specific and created with the service plan team. The Communication Specialist must collaborate with the participant, persons designated by the participant, and the participant’s team for the purpose of implementing a communication plan. The plan should be person-specific and include:</p> <ul style="list-style-type: none"> • The participant’s best communication methods, both expressive and receptive; • Current barriers to effective communication, including environmental elements and team knowledge and implementation in both familiar and unfamiliar settings; and • Measurable steps to address and eliminate the barriers to expressive and receptive communication from all aspects of the participant’s everyday life; and • Recommendations for other services, if applicable. <p>Upon plan completion, the Communication Specialist should meet with the participant, the Supports Coordinator, and others as appropriate, including family members, providers, and employers to ensure all parties understand the plan. An in-depth review of the communication plan should be completed at the annual service plan meeting and the communication plan should be monitored for effectiveness on an ongoing basis (and updated as necessary to meet the participant’s communication needs.)</p> <p>At least annually, the action plan should be evaluated for effectiveness and modified if needed. The service may include one or more of the following activities:</p> <ul style="list-style-type: none"> • Assisting the participant to be a more effective and independent communicator; • Implementing activities and strategies identified in the participant's communication plan; • Monitoring implementation of the communication plan; • Training, modeling, and/or coaching the support team to carry out the communication plan across all settings; • Helping to establish, modify, or maintain environments that emphasize best support effective communication; the use of visual cues and other appropriate communication methods as recommended by a Speech-Language pathologist or other qualified professional. • Providing assistance to remove communication barriers; 	

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			<ul style="list-style-type: none"> • Educating SCOs, AEs, providers, and other appropriate entities about a participant’s specific needs related to communication access, legal responsibilities and cultural and linguistic considerations needs; • Consulting with the support team, as needed; • Routine reporting of activities, data, and/or progress; • Identifying relevant resources for supporting effective communication; • Maintaining communication support tool(s) for the participant such as software updates and adding or removing names, pictures, and/or information that is specific to the participant, in collaboration with a licensed SLP, when applicable; and • Participating in and assisting in the development and continued implementation of the participants’ service plan, as appropriate. <p>For the purposes of this service, “nontraditional communication” includes the use one or more of the following communication methods:</p> <ul style="list-style-type: none"> • Sign Language, including American Sign Language; Sign Language from other countries, such as Spanish Sign Language; Signed Exact English; or a mixture of American Sign Language and signed English. • Lip Reading. • Visual Gestural Communication. • Paralinguistics. • Haptics / Touch cues. • Artifacts, Texture Cues, and/or Objects of Reference. • Braille. • Print and Symbol Systems. • Speech, Voice and Language Interpretation. • Eye Gaze and Partner Assisted Scanning. • Other communication methods identified by the Department. <p>There may be situations where the service plan includes both Communication Specialist services and other services that address communication, such as Speech and Language Therapy, Behavior Support, and Assistive Technology. All parties responsible for implementing communication goals must collaborate to ensure goals and plans are consistent.</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>For participants who utilize sign language are deaf or hard of hearing, the provider must have the ability to sign at Intermediate Plus level or above as determined by the Sign Language Proficiency Interview (SLPI). For participants who utilize braille, the provider must have proof of appropriate training.</p> <p>This service does not include the following activities that fall under the scope of SLPs unless they are provided under the direction of or in consultation with a licensed SLP: any of the following activities:</p> <ul style="list-style-type: none"> • Preventing, screening, identifying, assessing, or treating known or suspected disorders relating to speech, feeding and swallowing, or communication disorders. • Screening participants for speech, language, voice, or swallowing disorders. • Teaching participants, families and other caregivers speech reading and speech and language interventions. • Teaching participants, families and other caregivers and other communication partners how to use prosthetic and adaptive devices for speaking and swallowing. • Using instrumental technology to provide nonmedical diagnosis, nonmedical treatment and nonmedical services for disorders of communication, voice and swallowing. <p>Teaching American Sign Language (ASL) is not covered under this service unless the “sign” that is being taught is participant-specific (sign productions unique to the participant). Traditional ASL lessons are not included in the service.</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i> Communication Specialist services are limited to a maximum of 160 240 (15-minute) units which is equal to 40 60 hours per participant per fiscal year.</p>	
C-1/C-3	Communication Specialist	Communication Specialist Qualifications	<p><i>Agency Qualifications</i></p> <p>Staff working for or contracted with the agency must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Have experience in one or more of the following: Speech Language Pathology, sign linguistics, education of deaf, or another relevant professional background. 3. Have personal or professional experience with people with an intellectual disability or autism. 	<p>Communication Specialist Training provided by ODP has been added as a qualification requirement to provide needed information to Communication Specialists. The date that the training must be completed was</p>

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			<p>4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.</p> <p>5. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.</p> <p>6. Complete necessary pre/in-service training based on the service plan.</p> <p>7. Effective July 1, 2023 January 1, 2024, have successfully completed a Communication Specialist Training provided by ODP.</p> <p><i>Individual Communication Specialist Qualifications</i></p> <p>The Communication Specialist must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania, Washington D.C., Virginia, or a state contiguous to Pennsylvania. 2. Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation and training. 4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 5. Be at least 18 years of age. 6. Complete necessary pre/in-service training based on the service plan. 7. Be trained to meet the needs of the participant to carry out the service plan which includes, but is not limited to, communication, mobility and behavioral needs. 8. Have experience in one or more of the following: Speech Language Pathology, sign linguistics, education of deaf, or another relevant professional background. 9. Have personal or professional experience with people with an intellectual disability or autism. 10. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15. 11. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63. 12. Comply with Department standards related to provider qualifications. 13. Effective July 1, 2023 January 1, 2024, have successfully completed a Communication Specialist Training provided by ODP. 	<p>delayed to ensure sufficient time for ODP to develop the training and for all Communications Specialists to complete the training.</p>

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Consolidated and Community Living Waivers	C-1/C-3	Residential Habilitation and Life Sharing	<p>Residential Habilitation/Life Sharing providers must ensure that each participant has the right to the following:</p> <ol style="list-style-type: none"> 1. To receive scheduled and unscheduled visitors, and to communicate and meet privately with individuals of his or her choice at any time. 2. To send and receive mail and other forms of communication, unopened and unread by others. 3. To have unrestricted and private access to telecommunications. 4. To manage and access his or her own finances. 5. To choose any individual with whom they will be sharing a bedroom. 6. To furnish and decorate his or her bedroom and the common areas of the home. 7. To lock his or her bedroom door. 9. To have a key to an entrance door of the home. 10. To decide what to eat, decide when to eat and have access to food at any time. 11. To make informed health care decisions. <p>When <u>any of these a participant's rights as specified in 55 Pa. Code §§ 6100.182 and 6100.183</u> are modified, the modification must be supported by a specific assessed need, agreed upon by the service plan team and justified in the service plan. <u>When any participant rights are modified due to requirements in a court order, the modification must still be included in the service plan and the plan must be implemented. Because the origin of the rights modification is a court order, team agreement is not a requirement for implementation of the modification.</u> When any of these rights are modified due to requirements in a court order, the modification must still be included in the service plan but the service plan team does not have to agree upon the modification. Decisions made in the provision of Residential Habilitation/Life Sharing services to participants under the age of 18 that mimic typical parental decisions, such as bedtime and nutrition do not rise to the level of a modification based on an assessed need, and do not need to be documented in the service plan.</p>	CMS requested that individual rights be removed as they are required under federal and state regulation. The language regarding modifications due to a court order is currently in the Life Sharing service definition and will be added to the Residential Habilitation service definition for consistency.
Consolidated and Community	C-1/C-3	Residential Habilitation, Life Sharing, and Supported Living	<p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Effective starting 1/1/18, The following may not be authorized for participants who receive Residential Habilitation/Life Sharing/Supported Living services: Life Sharing/Supported Living/Residential Habilitation; Respite (15-minute or Day); Companion; Homemaker/Chore;</p>	Based on input from listening sessions, ODP is allowing participants who receive residential services to receive

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Living Waivers			<p>In-Home and Community Supports; Music, Art and Equine Assisted Therapy; Consultative Nutritional Services; Specialized Supplies and Home or Vehicle Accessibility Adaptations. Transportation is included in the Residential Habilitation rate and may not be billed as a discrete service, unless the transportation is to or from a job that meets the definition of competitive integrated employment and that need is documented in the service plan. The Residential Habilitation rate will also include Behavioral Support. Behavioral Support may only be authorized as a discrete service when it is used to support a participant to access Community Participation Support or to maintain employment when provided at the participant's place of employment. Communication Specialist and Shift Nursing can only be authorized in limited circumstances; reference those service definitions for the exceptions. Companion services may only be authorized as a discrete service when it is used to support a participant in-person at their place of community integrated employment in alignment with the Companion service definition.</p>	<p>Music, Art and Equine Assisted Therapy as a discrete service.</p> <p>ODP is allowing discrete Companion services to be authorized when a participant is working and does not need Job Coaching or needs assistance beyond the scope of the Job Coaching service.</p>
Consolidated and Community Living	C-1/C-3	Residential Habilitation/Life Sharing/Supported Living	<p>Participants authorized to receive Residential Habilitation/Life Sharing/Supported Living services:</p> <ul style="list-style-type: none"> • Are not precluded from receiving May receive Assistive Technology to purchase or lease devices 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 Living service delivery. The devices or equipment must meet the Assistive Technology service definition requirements. • May not receive the discrete Remote Supports service component. Remote Supports is intended to reduce the participant's need for direct support that would typically be provided as part of the Residential Habilitation/Life Sharing/Supported Living service. As such, Remote Supports is built into the Residential Habilitation/Life Sharing/Supported rate and cannot be authorized as a <u>separate</u> service <u>in the service plan</u>. 	<p>Because Remote Supports is being added as a discrete service and will no longer be under the umbrella of Assistive Technology, clarification is needed regarding what is covered for participants receiving Residential Habilitation, Life Sharing or Supported Living services.</p>
Consolidated and Community Living Waivers	C-1/C-3	Life Sharing, Residential Habilitation, and Supported Living	<p><i>Provider Qualifications</i></p> <p>BEHAVIORAL SPECIALIST -----</p> <p>When serving participants with behavior support needs, The Life Sharing/Residential Habilitation/Supported Living provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Life Sharing/Residential</p>	<p>To ensure that participants who receive Life Sharing, Residential Habilitation or Supported Living services have timely access to a behavioral specialist, two</p>

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			<p>Habilitation/Supported Living service, complete assessments, develop and update Behavior Support Plans and Crisis Intervention Plans and trains other agency staff. A Functional Behavioral Assessment and comprehensive behavioral support plan must be completed within 60 days of identification by the service plan team of a participant’s need for assistance from a behavioral specialist. The behavioral specialist ensures behavior support provided to the participant includes positive practices and least restrictive interventions. Behavior support plans may not include chemical or mechanical restraints. The behavior support plan may not include physical restraints as behavioral interventions. Physical restraints may only be utilized in accordance with 55 Pa. Code §§6100.348 and 6100.349 in the case of an emergency or crisis to prevent an individual from immediate physical harm to the individual or others. Behavior support plans that include restrictive procedures must be approved by a human rights team prior to implementation. ODP expects that, regardless of the number of providers supporting a person, continuity of care will be maintained through ongoing team communication and collaboration. Ideally, there should be one behavior support plan for the participant that is integrated and comprehensive and incorporates support strategies for all environments. If there is more than one Behavioral Specialist working with the participant, the behavior support plan can reflect joint authorship.</p>	<p>requirements are being proposed:</p> <ol style="list-style-type: none"> 1. Life Sharing, Residential Habilitation, and Supported Living providers must always have a behavioral specialist available. 2. The behavioral specialist must develop a behavioral support plan within 60 days of identification of a participant’s need for assistance from a behavioral specialist
Consolidated and Community Living Waivers	C-1/C-3	Life Sharing, Residential Habilitation, and Supported Living	<p><i>Provider Qualifications:</i></p> <p>Staff working for or contracting with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Complete necessary pre/in-service training based on the service plan. 3. Complete a Department approved training on the common health conditions that may be associated with preventable deaths in people with an intellectual or developmental disability. 	To protect the health and safety of participants who receive residential services, a requirement that staff be trained on the common health conditions that may be associated with preventable deaths has been added.
Consolidated and Community	C-1/C-3	Residential Habilitation	<p><i>Provider Qualifications</i></p> <p>Agencies must meet the following standards:</p>	To protect the health and safety of participants who receive Residential

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
Living Waivers			<p>15. Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day.</p> <p>16. Ensure that Supports Coordination Organizations, Administrative Entities, 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 residential habilitation service.</p>	<p>Habilitation services, a requirement that residential habilitation senior management personnel are available at all times for response to emergency situations has been added.</p>
All ID/A Waivers	C-1/C-3	Supports Coordination	<p><u>Supports Coordination teleservices may be used for locating, coordinating and monitoring activities when all of the following are met:</u></p> <ul style="list-style-type: none"> • <u>Service delivery complies with the requirements in the service definition, ODP policies and regulations,</u> • <u>Teleservices must be provided by means that allow for live two-way communication with the participant, no recording of the interaction shall be captured,</u> • <u>Teleservices via video communication devices in bathrooms is prohibited,</u> • <u>Teleservices via video communication devices in bedrooms may only occur when all of the following are met:</u> <ul style="list-style-type: none"> ○ <u>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 during receipt of services;</u> ○ <u>The participant turns the video communication device on and off themselves or requests assistance in turning the video communication device on and off; and</u> ○ <u>Teleservices 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.).</u> <p><u>Additional requirements for monitoring participants using teleservices outlined in Appendix D-2-a must be followed.</u></p>	<p>CMS requested that additional information be added to ensure each participant’s privacy when remote technology is used to render services with a focus on remote technology used in the participant’s bathroom or bedroom.</p>

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All ID/A Waivers	C-1/C-3	Music, Art and Equine Assisted Therapy	<p>Direct therapy services provided to a participant who may or may not have a primary diagnosis of mental illness, but who could benefit by the provision of therapy to maintain, improve or prevent regression of the participant’s condition and assist in the acquisition, retention or improvement of skills necessary for the participant to live and work in the community. Music and Art Therapy teleservices may be provided in accordance with the requirements in the Additional Needed Information Section of the Main Module. Services and intended benefit must be documented in the service plan.</p> <p style="text-align: center;">***</p> <p>Participants authorized to receive Residential Habilitation, Life Sharing or Supported Living may not be authorized to receive Music Therapy, Art Therapy, or Equine Assisted Therapy.</p> <p style="text-align: center;">***</p> <p><i>Service Delivery Method (check each that applies):</i> Participant-directed as specified in Appendix E X Provider managed</p> <p><i>Verification of Provider Qualifications Entity Responsible for Verification:</i> ODP or its Designee</p>	<p>Based on input from listening sessions, ODP is allowing participants who receive residential services to receive Music, Art and Equine Assisted Therapy as a discrete service.</p> <p>ODP is unable to transition Music, Art, and Equine Assisted Therapy to vendor services due to these services being subject to Ordering, Referring, and Prescribing requirements.</p>
All ID/A Waivers	C-1/C-3	Therapy Services	<p>Therapy services are direct services provided to assist participants in the acquisition, retention, or improvement of skills necessary for the participant to live and work in the community and must be attached to a participant's outcome as documented in his or her service plan. Training caretakers and development and monitoring of a home program for caretakers to implement the recommendations of the therapist are included in the provision of Therapy services. Therapy teleservices may be provided in accordance with the requirement in the Additional Needed Information Section of the Main Module. The need for the service must be documented by a professional as noted above for each service and must be evaluated at least annually, or more frequently if needed, as part of the service plan process.</p>	<p>CMS requested that this information be moved from a previous amendment to the renewals.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p>
Consolidated, Community Living, and	C-1/C-3	Consultative Nutritional Services	<p>Consultative Nutritional Services are direct and indirect services that assist unpaid caregivers and/or paid support staff in carrying out participant treatment/service plan, and that are not covered by the Medicaid State Plan and are necessary to improve or sustain the participant’s</p>	<p>CMS requested that this information be moved from a</p>

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P/FDS Waivers			<p>health status and improve the participant’s independence and inclusion in their community. The service may include assessment, the development of a home treatment/service plan, training and technical assistance to carry out the plan and monitoring of the participant and the provider in the implementation of the plan. Consultative Nutritional <u>teleservices</u> may be provided in accordance with the requirements in the Additional Needed Information Section of the Main Module. This service may be delivered in the participant’s home or in the community as described in the service plan. This service requires a recommendation by a physician.</p>	<p>previous amendment to the renewals.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p>
All ID/A Waivers	C-1/C-3	Remote Supports	<p>The purpose of Remote Supports services is to assist participants age 16 and older 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 <u>separate</u> service cannot be authorized <u>on the service plan</u> when a participant is receiving Life Sharing, Residential Habilitation, or Supported Living services. Remote Supports involve the use of technology that uses two-way real time communication in the participant's home or community that allows awake staff from an agency who is offsite to monitor and respond to the participant's <u>health and</u> safety needs. Interaction with a professional occurs as needed as part of remote supports but is not the main function of the service. Remote Supports shall be provided in real time, not via recording, and during service provision staff shall be awake and not have duties other than Remote Supports. <u>Staff responsible for monitoring devices and equipment and responding to the participant’s needs must be physically located in the provider agency’s secure facility.</u></p> <p>Remote Supports include the following:</p> <ul style="list-style-type: none"> • Staff who monitor and respond to the participant’s needs; • The technology utilized in the home and community that is monitored by the staff; • The technology utilized for two-way real time communication (if different from above); • The equipment necessary to operate the technology; and 	<p>ODP is making Remote Supports its own service and removing it as a component of Assistive Technology services.</p> <p>Additional clarification regarding staff being awake and persons designated in the ISP being able to turn devices and equipment on and off has been added based on public comment.</p> <p>The requirement for Remote Supports providers to have a secure facility where staff monitor the devices and equipment was added based on public comment.</p> <p>The number of days that participants can receive in-person services</p>

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			<ul style="list-style-type: none"> • The costs for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the technology and equipment necessary to operate the technology. <p>Internet services are not covered as part of Remote Supports.</p> <p>Remote Supports are fully integrated into the participant’s overall system of services and supports. A Remote Supports implementation plan must be completed by the Remote Supports provider and reviewed by the service plan team in accordance with ODP policy. The Remote Supports implementation plan must include:</p> <ul style="list-style-type: none"> • How the participant’s rights including the participant’s right to privacy of person and possessions will be protected; <ul style="list-style-type: none"> ○ <u>Recording of the participant via audio or video is prohibited. 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.</u> ○ <u>Without exception, the use of video monitoring equipment in bedrooms and bathrooms is prohibited.</u> ○ <u>Participants or unpaid supports who will be present during the provision of Remote Supports must be able to turn off all audio or video monitoring devices used in any of part of the home or community during the provision of service.</u> ○ <u>If it is determined through the person-centered planning process that a participant needs audio monitoring equipment in a bedroom or bathroom, the participant must be alerted prior to the activation of any audio communication device unless the participant turns on the audio communication device themselves.</u> ○ <u>Live real-time video communication between the participant and a staff person may only occur in the participant’s bedroom when all of the following are met:</u> <ul style="list-style-type: none"> ▪ <u>The participant has chosen to receive services 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</u> 	<p>simultaneously with Remote Supports for the purpose of helping the participant successfully transition to the use of Remote Supports was increased from 90 days to 120 days based on public comment.</p> <p>CMS requested that additional information be added to ensure each participant’s privacy when remote technology is used to render services with a focus on remote technology used in the participant’s bathroom or bedroom.</p>

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			<p><u>others in the home (family, housemates, etc.) during the receipt of services;</u></p> <ul style="list-style-type: none"> ▪ <u>The participant turns the video communication device on and off themselves or requests assistance in turning the video communication device on and off;</u> ▪ <u>The participant does not share a bedroom with others; and</u> ▪ <u>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.).</u> <ul style="list-style-type: none"> ○ <u>Sensors and other non-audio/video devices are permitted in bedrooms and bathrooms as part of the service plan.</u> <ul style="list-style-type: none"> • How the participant’s health, welfare and safety needs will be met, including completion of a back-up plan that will be implemented if there is a problem with Remote Supports; • The training participants and any other designated persons will receive to enable the participant and others to successfully utilize the technology and equipment; and • How Remote Supports are more cost effective than other waiver services. <p>The Remote Supports provider is responsible for informing the service plan team, including the participant and anyone identified by the participant of the impact the Remote Supports will have on the participant’s privacy. This includes information about whether the participant or designated persons identified in the service plan can turn off the Remote Supports device or equipment if they choose to do so. This information must be provided in a form of communication that is understood by the participant.</p> <p>Once Remote Supports have been approved on the service plan, the Remote Supports provider is responsible for the following:</p> <ul style="list-style-type: none"> • Training the participant, family, natural supports and any support professionals that will assist the participant in the use of the equipment initially and ongoing as needed. This includes information about whether the participant can turn off the Remote Supports technology or equipment if they choose to do so. 	

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			<ul style="list-style-type: none"> • Compliance with ODP’s incident management policy. • Development of progress notes in compliance with 6100.227. • Delivery of the equipment to the participant’s residence and when necessary, to the room or area of the home in which the equipment will be used. • Installation of the equipment, including assembling the equipment or parts used for the assembly of the equipment. • Adjustments and modifications of the equipment. • Transferring the technology and equipment to a new home when the participant moves. This only applies when the new home is in an area served by the provider. • Continuously monitoring the functioning of the technology. • Developing and implementing a policy or plan to address technology malfunctions. • Maintaining technology and equipment and ensuring necessary repairs are made to the technology and equipment. Replacement of technology and equipment is covered when the technology or equipment no longer meets the participant’s needs, is obsolete, functionally inadequate, unreliable, or no longer supported by the manufacturer. • Ensuring the Remote Supports equipment meets the following: <ul style="list-style-type: none"> ○ Includes an indicator that lets the participant know that the equipment is on and operating. The indicator shall be appropriate to meet the participant’s needs. ○ Is designed so that it can be turned off only by the participant or designated person(s) indicated in the service plan. ○ Has 99% system uptime that includes adequate redundancy. ○ Has adequate redundancy that ensures critical system functions are restored within three hours of a failure. If a service is not available, the provider must be alerted by the equipment within ten minutes. ○ If a main hub is part of the installed system, it must be A/C powered, and include a backup battery capable of maintaining a charge to ensure the continued connectivity of the Remote Supports equipment if power loss occurs. There must be a mechanism to alert staff when a power outage occurs that provides a low battery alert, and an alert if the system goes down so that back-up support, if required, is put in place until service is restored. A main hub, if required, must be able to connect to the internet via one or more different methods; hard-wired, wireless, or cellular. The 	

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			<p>main hub must also have the ability to send notifications via one or more different modes; text, email or audio, as well as the ability, if in the Remote Supports implementation plan, to connect to an automated or consumer support call center that is staffed 24 hours a day, 7 days a week.</p> <ul style="list-style-type: none"> ○ Has a latency of no more than 10 minutes from when an event occurs to when the notification is sent (via text, email or audio). ○ Has the capability to include environmental controls that are able to be added to, and controlled by, the installed Remote Supports system if identified in the Remote Supports implementation plan. ○ Has a battery life expectancy lasting six months or longer, and notification must be given by the equipment if a low battery condition is detected. ○ Is connected to a secure network system requiring authentication, authorization, and encryption of data that complies with 45 C.F.R. §§ 164.102 - 164.534. The provider must ensure that access to computer, video, audio, sensor, and written information is limited to authorized persons. <ul style="list-style-type: none"> ● Compliance with 55 Pa. Code §§6100.301 – 307 regarding transition to a new provider. <p>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.</p> <p>If the participant receives Behavioral Support Services, the Remote Supports services must be consistent with the participant's behavior support plan.</p> <p><i>Specify applicable limits on the amount, frequency, or duration of this service:</i></p> <p>Remote Supports services cannot be authorized <u>as a separate service on the service plan</u> for participants who are authorized to receive Residential Habilitation, Life Sharing or</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Supported Living services as monitoring by and interaction with professionals are covered in the rates for those services. The direct provision of Community Participation Support services as well as the <u>fading</u> support component shall not be rendered on the same days and times that Remote Supports is rendered.</p> <p>Remote Supports can only be rendered simultaneously with the following <u>in-person</u> direct services for 120 calendar days after installation, training, and full use by the participant has begun to help the participant safely transition to independent use of Remote Supports:</p> <ul style="list-style-type: none"> • In-Home and Community Support • Companion • Respite <p><u>During the 120-calendar day transition period, in-person direct In-Home and Community Support, Companion, and Respite services may only be authorized on the service plan and billed for completion of the following activities that are not included in the Remote Supports service:</u></p> <ul style="list-style-type: none"> • <u>Providing prompting, ongoing instruction, modeling and/or supervision to enable the participant’s independent use of the Remote Supports technology equipment and devices;</u> • <u>Facilitating and evaluating the participant’s independent use of Remote Supports technology equipment and devices;</u> • <u>Communicating progress or concerns regarding the participant’s independent use of Remote Supports to the service plan team, including the Remote Supports provider; and</u> • <u>Performing activities outlined in the In-Home and Community Support, Companion, or Respite service definition needed by the participant during the 120-calendar day transition period. These in-person direct activities do not duplicate the activities outlined in the Remote Supports service.</u> <p><u>A service plan meeting must be held when it becomes evident that a participant will not be able to independently use Remote Supports within 120 calendar days. Alternative service options that will meet the participant’s needs must be explored and added to the service plan.</u></p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
All ID/A Waivers	C-1/C-3	Remote Supports Service Delivery Method and Provider Qualifications	<p><i>Service Delivery Method:</i> <i>Participant Directed as specified in Appendix E</i> X Provider Managed</p> <p><i>Provider Category:</i> Agency</p> <p><i>Provider Type:</i> Remote Supports Agency</p> <p><i>Provider Qualifications:</i> <i>License:</i></p> <p><i>Certificate:</i></p> <p><i>Other Standard:</i> To provide Remote Supports services, the agency must meet the following standards:</p> <ol style="list-style-type: none"> 1. Enroll directly with ODP to render the Remote Supports service. 2. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (The physical location of a company that sells a good may be located anywhere in the United States or the American territories.) 3. Have a secure, central facility where staff render Remote Supports that has appropriate and stable connections, including redundant internet and power that ensure continuity of service in the event of a disruption or connection. This facility must be staffed 24 hours a day, 7 days a week. 4. Have a signed ODP Provider Agreement on file with ODP which requires the provider to comply with all applicable federal and state statutes, regulations, and policies, including but not limited to confidentiality and HIPAA requirements. Providers are required to develop and implement written privacy policies and procedures that are consistent with the Privacy Rule. ODP reviews these policies and procedures when complaints are received regarding privacy or as part of QA&I when warranted. 5. Complete standard ODP required orientation and training. 	<p>ODP is making Remote Supports its own service and removing it as a component of Assistive Technology services.</p> <p>The requirement for Remote Supports providers to have a secure facility where staff monitor the devices and equipment was added based on public comment.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>6. Have Commercial General Liability Insurance.</p> <p>7. Comply with all federal, state and local regulations that apply to the operation of its business or trade, such as the Electronic Communications Privacy Act of 1986 and section 2399.52 of the Revised Code.</p> <p>8. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.</p> <p>9. Develop and implement a quality management plan in accordance with 55 Pa. Code Chapter 6100.</p> <p>10. Have a professional (direct, contracted, or in a consulting capacity) available who has either a current Assistive Technology Professional certificate from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist SHIFT certification.</p> <p>11. Have a policy outlining the process for providing emergency replacement devices or parts as soon as possible but no later than two within one business days if the devices installed at the participant's residence fail and cannot be repaired.</p> <p>12. Have a secure and encrypted website or software that displays critical system information about each Remote Supports device installed in a participant's residence.</p> <p>13. Have an effective system for notifying personnel such as police, fire, emergency medical services and psychiatric crisis response entities.</p> <p>14. Have 3 years' experience rendering Remote Supports services.</p> <p>15. Comply with Department standards related to provider qualifications.</p> <p>Individuals that provide this service must:</p> <ol style="list-style-type: none"> 1. Be at least 18 years of age. 2. Complete necessary pre/in-service training based on the service plan. 3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63. 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. 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<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>	
All ID/A Waivers	C-1/C-3	Education Support Services	<p>Education Support Services are limited to payment for the following:</p> <ul style="list-style-type: none"> • Tuition for adult education classes offered by a college, community college, technical school or university (institution of postsecondary education). This includes classes for which a participant receives credit, classes that a participant audits, classes that support paid or unpaid internships, remedial classes and comprehensive transition programs. At least 75% of the time the participant spends on campus must be integrated with the general student population. While tuition for online classes is generally excluded from reimbursement under Education Support Services, hybrid classes that are provided both in-person and online are covered under Education Support Services as are classes that are typically provided in-person but change to online due to emergency situations in alignment with the institution of postsecondary education’s policy or protocol. <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Participants can receive a maximum of:</p> <ul style="list-style-type: none"> • \$35,000 \$40,000 toward tuition for classes in the participant’s lifetime; and 	<p>Education Support Services will now cover tuition for adult education classes offered by an institution of postsecondary education that are provided both in-person and online as well as classes that are typically provided in-person but change to online due to emergency situations. This change was made based on public comment. This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p> <p>The amount of tuition covered by the waivers has</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
				<p>been increased from \$35,000 to \$40,000 based on public comment and the average increase in tuition for Pennsylvania's State System of Higher Education.</p>
All ID/A Waivers	C-1/C-3	Specialized Supplies	<p>Specialized Supplies consist of personal protective equipment and incontinence supplies that are medically necessary and are not a covered service through the MA State Plan, Medicare or private insurance. Incontinence supplies are limited to diapers, incontinence pads, cleansing wipes, underpads, and vinyl or latex gloves.</p> <p>Personal Protective Equipment for mitigation of the spread of infectious diseases includes the following for the participant and unpaid caregivers using any model of service delivery and Support Service Professionals in the Vendor/Fiscal Employer Agent participant directed services model:</p> <ul style="list-style-type: none"> • Gloves; • Surgical masks, cloth masks, clear masks, and face shields; • Gowns; • Goggles; • Alcohol based hand sanitizer; and • Thermometers. No more than one thermometer shall be requested per participant. If an ear or oral thermometer that requires probe covers is requested, the probe covers are covered through Specialized Supplies. <p>If the participant is receiving home health services through the MA State Plan, all Personal Protective Equipment for the participant is covered through that service so Personal Protective Equipment cannot be covered for the participant through Specialized Supplies. Personal Protective Equipment can be covered for unpaid caregivers who will use the Personal Protective Equipment to maintain the health and welfare of the participant.</p> <p style="text-align: center;">***</p>	<p>This change will allow personal protective equipment to continue to be covered through Specialized Supplies services after Appendix K expires 6 months after the end of the federal public health emergency.</p> <p>Clarification regarding who can receive Personal Protective Equipment was added based on public comment.</p> <p>The temporary increase in Personal Protective Equipment that was approved in Appendix K was added to ensure coverage of the full fiscal year in which Appendix K ends.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>This service is limited to \$500 per participant per fiscal year. The fiscal year limit is temporarily increased from \$500 to \$1500 to cover needed Personal Protective Equipment. This temporary increase is effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends).</p>	
All ID/A Waivers	C-1/C-3	Supported Employment	<p>Supported Employment services are direct and indirect services that are provided in a variety of community settings for the purposes of supporting participants in obtaining and sustaining competitive integrated employment. Supported Employment teleservices may be provided in accordance with the requirements in the Additional Needed Information Section of the Main Module.</p> <p style="text-align: center;">***</p> <p>Supported Employment services can be delivered in Pennsylvania and in states contiguous to Pennsylvania. The direct portion of this service may be delivered in any state when a participant is traveling out of state for work-related trips such as for training, conferences, or business trips.</p>	ODP is expanding where services can be delivered to support participants who may need services when they have to travel for work-related business.
All ID/A Waivers	C-1/C-3	Supported Employment and Small Group Employment	<p><i>Provider Qualifications</i></p> <p>Staff working directly with the participant must have one of the following within nine months of hire:</p> <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or • Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of 	ODP is expanding the provider qualifications for Supported Employment and Small Group Employment services to allow for mentoring in addition to “supervision” of a staff person, individual, or Support Service Professional who is working towards the

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</p> <p>Newly hired individuals who do not have the required certification when hired must work under the supervision or mentorship of someone who is certified. This can occur no longer than nine months from the date of hire to allow the new individual time to obtain the certification.</p>	<p>completion of the training or certification.</p>
All ID/A Waivers	C-1/C-3	Behavioral Supports	<p>Services may be provided in the office of the Behavioral Specialist, the participant's home, or in local public community environments necessary for the provision of the Behavioral Support Services. Direct services must be provided on a one-on-one basis. Behavioral Support teleservices may be provided in accordance with the requirements in the Additional Needed Information Section of the Main Module.</p>	<p>CMS requested that this information be moved from a previous amendment to the renewals.</p> <p>This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p>
All ID/A Waivers	C-1/C-3	Supports Broker	<p>The Supports Broker service is a direct and indirect service available to participants who elect to self-direct their own services utilizing one of the participant directed options outlined in Appendix E-1 of this Waiver. The purpose of the Supports Broker service is to assist and support Common Law Employers (CLE) and Managing Employers (ME) to perform employer-related functions independently and to assist participants to be as successful as possible in self-directing their services. The Supports Broker's ultimate goal is to maximize the CLE's or ME's knowledge of all functions of their role and minimize or eliminate the need for the Supports Broker service. The Supports Broker service is designed to assist participants or their designated surrogate with employer-related functions in order to be successful in self-directing some or all of the participants needed services.</p> <p>Supports Broker teleservices may be provided in accordance with the requirements in the Additional Needed Information Section of the Main Module.</p>	<p>ODP updated the Supports Broker service to provide more clarification to the field on how this service is intended to be implemented as well as to clarify the responsibilities of the Supports Broker.</p> <p>CMS requested that information regarding direct services rendered using</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Under no circumstances may Supports Brokers perform the Agency With Choice (AWC) or CLE functions specified in Appendix E-1-a of this Waiver or the CLE/ME duties specified in ODP bulletins relating to either participant-directed service delivery model.</p> <p>This service is limited to the following list of activities:</p> <ul style="list-style-type: none"> • Educating and supporting the Managing Employer or Common Law Employer to complete employer-or managing employer responsibilities as outlined in the Common Law Employer Agreement or the Managing Employer Agreement form. This will assist the CLEs/MEs with performing such tasks independently and without ongoing assistance from the Supports Broker to the fullest possible extent. Explaining and providing support in completing employer or managing employer related paperwork. • Assisting the participant or their designated surrogate in understanding and/or fulfilling the responsibilities outlined in the Common Law Employer Agreement form and the Managing Employer Agreement form. • Assisting CLEs/MEs to understand and participate in orientation and trainings provided by the Vendor/Fiscal Employment Agency or the Agency with Choice. Participating in Financial Management Services (FMS) orientation and other necessary trainings and interactions with the FMS provider. • Developing effective management and supervision techniques such as conflict resolution. • Providing education, guidance, and support in developing effective recruiting and hiring techniques so that CLEs/MEs can perform such tasks independently and without ongoing assistance from the Supports Broker to the fullest possible extent. Developing effective recruiting and hiring techniques. • Assisting CLEs and MEs Managing Employers and Common Law Employers to develop a process to determine pay rates for Support Service Professionals so that CLEs/MEs can perform such tasks independently and without ongoing assistance from the Support Broker to the fullest possible extent. • Educating and supporting CLEs / MEs on managing service utilization such that overall expenditures do not exceed authorized units for services, and assisting in the development of a method accomplish this on an ongoing basis. 	<p>remote technology be moved from a previous amendment to the renewals. This guidance will become effective when Appendix K flexibilities expire, six months after the expiration of the federal COVID-19 public health emergency.</p> <p>The temporary increase in Supports Broker services that was approved in Appendix K was added to ensure coverage of the full fiscal year in which Appendix K ends.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Determining pay rates for Support Service Professionals. • Assisting CLEs / MEs to develop a process and provide assistance to the extent necessary to recruit and retain Support Service Professionals and expanding and coordinating informal, unpaid resources and networks within the community to support meeting the participant’s needs through participant-direction, which may include facilitating a support group that helps to meet the participant’s self-direction needs. These support groups are separate and apart from the service plan team meetings arranged and facilitated by the Supports Coordinator. • Providing or arranging for training for Support Service Professionals. • Providing technical assistance and support to CLEs/MEs to develop training plans and track completion of training for Support Service Professionals. • Developing schedules for Support Service Professionals • Developing, implementing and modifying a back up plan for services, staffing for emergencies and/or Support Service Professional absences • Providing technical assistance and support to CLEs/MEs to establish a process for creating work schedules that include both Support Service Professionals and (when applicable) unpaid supports, including developing, implementing, and modifying back-up plans for when a Support Service Professional or unpaid support is unable to work due to an emergency, acute illness, etc. • Developing proper procedures for termination of Support Service Professionals in the VF/EA FMS option or communication with the Agency With Choice regarding the desire for removal of Support Service Professionals from working with the participant in the AWC FMS option. • Providing technical assistance and guidance to support CLEs/MEs to develop a performance review process for Support Service Professionals, including but not limited to creating a performance review tool and review schedule. • Providing or arranging for training that will aid the CLE/ME in developing their management skills, including but not limited to: <ul style="list-style-type: none"> ○ Conflict resolution ○ Effective communication ○ Workplace safety and injury prevention 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> ○ Expanding and coordinating informal, unpaid resources and networks within the community to support success with participant directed services ○ Problem-solving ○ Decision-making ○ Achieving desired personal and assessed outcomes ● Identifying areas where the Supports Broker service can support a participant’s desired goals and outcomes related to participant directed services, and proposed modifications to participant directed services in the participant’s service plan, and sharing the information with the service plan team for inclusion in the service plan. ● Providing information, guidance, and support with responding to notices for corrective action from the FMS, SC, AE or ODP. ● Providing guidance and support with complying with the standards, regulations, policies and waiver requirements related to the participant direction of services. ● Assisting the participant to secure a new surrogate when necessary. ● Facilitating a support group that helps to meet the participant’s self-direction needs. These support groups are separate and apart from the service plan team meetings arranged and facilitated by the Supports Coordinator. ● Expanding and coordinating informal, unpaid resources and networks within the community to support success with participant direction. ● Advising and assisting with the development of procedures to monitor expenditures and utilization of services. ● Identifying areas of support that will promote success with self-direction and independence and share the information with the team and Supports Coordinator for inclusion in the service plan. ● Identifying and communicating any proposed modifications to the participant’s service plan. ● Complying with the standards, regulations, policies and the waiver requirements related to self-direction. ● When applicable, securing a new surrogate and responding to notices for corrective action from the FMS, SC, AE or ODP. 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>All functions performed by a Supports Broker must be related to the personal and assessed outcomes related to the participant directed services in the service plan.</p> <p>Supports Brokers must work collaboratively with the participant’s Supports Coordinator and service plan team but may not perform Supports Coordination functions or activities as listed in the Supports Coordination service in Appendix C1/C3 of this Waiver. Supports Brokers may not replace the role of, or perform the functions of a Supports Coordinator. The role of the Supports Coordinator continues to involve providing the primary functions of locating, coordinating, and monitoring of waiver services; while the Supports Broker assists participants or their designated surrogate with assistance with the above noted functions. No duplicate payments will be made.</p> <p style="text-align: center;">***</p> <p>This service is limited to a maximum of 1040 (15-minute) units, which is equal to 260 hours, per participant per fiscal year. The limit may be temporarily increased up to 2080 15-minute units per participant per fiscal year. This temporary increase is effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends).</p>	
All ID/A Waivers	C-1/C-3	Supports Broker, Provider Qualifications (applies to all certificate requirements for this service definition)	<p><i>Certificate:</i> Support Service Professionals/Supports Brokers must successfully complete a Supports Broker Certification Program provided by ODP or its designee every three years following their initial certification. Support Service Professionals/Supports Brokers that were initially certified two years prior to the effective date of this waiver, must complete the Supports Broker Certification Program, on or before the end of the third year since the initial certification. Supports brokers who were initially certified three or more years prior to the effective date of this waiver must complete the Supports Broker Certification Program, on or before July 1, 2023 January 1, 2023. enroll on or after the effective date of this waiver must complete this program prior to enrollment as a Supports Broker. Support Service Professionals that are enrolled prior to the effective date of this waiver must complete this program by 1/1/19. All certification, recertification, and decertification is governed by ODP’s Supports Broker Certification Policy.</p>	ODP is changing the provider qualifications to provide clarification on when Support Service Professionals/Supports Brokers are responsible for completing the Supports Broker Certification Program. The date was delayed to ensure sufficient time for ODP to develop the training and for all Supports Brokers to complete the training.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
All ID/A Waivers	C-1/C-3	Supports Coordination	<p>Activities under the locating function include all of the following, as well as the documentation of the activities:</p> <p>....</p> <ul style="list-style-type: none"> • Participate in the ODP standardized needs assessment process to inform development of the service plan, including any necessary service plan updates; • Facilitate the completion of additional assessments, based on participants’ strengths, needs and preferences for planning purposes and service plan development; • Provide participants and their his or families with information on competitive integrated employment during the planning process and upon the participant’s or family’s request; • Provide participants and their families or other caregivers with the standard ODP information about participant direction, an explanation of the options and the contact information for the Financial Management Services provider; • Provide participants and their families or other caregivers with information on participant direction opportunities, including the potential benefits, responsibilities and risks associated with directing services, during the planning process and upon request; • Provide participants and their families or other caregivers with the standard ODP information about participant direction, an explanation of the options and the contact information for the Financial Management Services provider; and • Provide information to participants and their his or her families on fair hearing rights, explain what the fair hearing process entails, and assist with fair hearing requests when needed and upon request. <p style="text-align: center;">***</p> <ul style="list-style-type: none"> • Review and update the participant’s service plan annually; • Revise the participants service plan when there is a change in need or at the request of the participant and their his or her family; • Work with the authorizing entity regarding the authorization of services on an ongoing basis and when issues are identified regarding requested services; <p style="text-align: center;">***</p> <p>Collaborate with his or her family, friends, and other community members of a participant to facilitate the coordination of a relationship based natural support network and develop supporting partnerships so the participant is able to pursue their vision of have a good life;</p> <p style="text-align: center;">***</p>	ODP is updating the Supports Coordination service definition to align with current practices.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Coordinate the resolution of barriers to service delivery and accomplishments of outcomes in the service plan <p style="text-align: center;">*****</p> <ul style="list-style-type: none"> • Monitor the health and welfare of participants through regular contacts at the minimum frequency outlined in Appendix D-2-a of this Waiver or increased monitoring frequency based on the need of the participant. Monitoring the health and welfare of participants includes the review of information in health risk screening tools and assessments, when applicable, or whether there have been any changes in orders, plans or medical interventions prescribed or recommended by medical or behavioral professionals and whether those changes are being implemented; <p style="text-align: center;">***</p> <ul style="list-style-type: none"> • Respond to and assess emergency situations and incidents and assure that appropriate actions taken are appropriate and timely in order to protect the health and welfare of participants; • Work with the authorizing entity regarding the authorization of services on an ongoing basis and when issues are identified regarding requested services. <p style="text-align: center;">***</p> <p>The following activities are excluded from Supports Coordination as a billable Waiver service:</p> <ul style="list-style-type: none"> • Intake for purposes of determining whether a participant has an intellectual disability, autism and/or developmental disability and qualifies for Medical Assistance; • Direct Representative payee functions; and • Activities that occur from the point of a participant’s date of death and forward assistance in locating and/or coordinating burial or other services for a deceased participant. 	
All ID/A Waivers	C-1/C-3	Supports Coordination	<p>SCO Qualification Standards: Supports Coordination Organizations must meet the following standards during the initial qualification process or whenever a new Executive Director is hired:</p> <ol style="list-style-type: none"> 1. The Executive Director must have 5 years of professional level experience in the field of disability services, including three years of administrative, supervisory, or consultative work; and a bachelor's degree. 	<p>These changes address areas of concern identified through oversight and monitoring of SCO providers.</p> <p>The required number of college level credit hours for a SC Supervisor has been</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>2. The Executive Director must have knowledge of ODP’s intellectual disability and autism service system and successfully complete ODP’s SCO Applicant Orientation to Enrollment and Provision of Quality Services</p> <p style="text-align: center;">***</p> <p>7. Have an orientation program that includes the following: Person centered practices including respective rights, facilitating community integration, supporting families, honoring choice and supporting individuals in maintaining relationships, The prevention, detection, and reporting of abuse, suspected abuse, and alleged abuse in accordance with 35 P.S. § 10225.701-708, 6 Pa.Code Chapter 15, 23 Pa.C.S. §§ 6301-6385, Chapter 3490, 35 P.S. §§ 10210.101-704 and applicable adult protective services regulations.</p> <ul style="list-style-type: none"> • Individual rights. • Recognizing and reporting incidents. <p style="text-align: center;">***</p> <p>17. Comply with and meet all standards of ODP’s SCO oversight monitoring process including:</p> <ul style="list-style-type: none"> • Timely submission of self assessment tool <p style="text-align: center;">***</p> <p>Minimum Qualifications for SC Supervisors:</p> <p>2. Must meet the following educational and experience requirements:</p> <ul style="list-style-type: none"> • A bachelor’s degree with a major coursework in sociology, social work welfare, psychology, gerontology, criminal justice or other related social sciences; and two years’ experience as a Supports Coordinator; or • Have a combination of experience and education equating of at least six years of experience in developmental disabilities, special education, mental health, counseling, guidance, social work or health and rehabilitative services; and at public or private social work including at least 12 college-level credit hours in sociology, social work, psychology, gerontology or other related social science. <p>Minimum Qualifications for Supports Coordinators:</p>	<p>reduced from 24 to 12 based on public comment.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Any equivalent combination of experience and training which includes 12 college credits in sociology, social work welfare, psychology, gerontology, criminal justice, or other related social service and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case management functions; or • A combination of 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social science and two years professional experience in developmental disabilities, special education, mental health, counseling psychology, school psychology, social work or health and rehabilitative services. 	
Consolidated Waiver	C-1/C-3	Participant Directed Goods and Services	<p>Participant-Directed Goods and Services are services, equipment or supplies not otherwise provided through other services offered in this waiver, the Medicaid State Plan, or a responsible third party. Participant-Directed Goods and Services must be used primarily for the benefit of the participant, address an identified need in the participant’s service plan, and must achieve one or more of the following objectives:</p> <ul style="list-style-type: none"> • Decrease the need for other Medicaid services. • Promote or maintain inclusion in the community. • Promote the independence of the participant. • Increase the participant’s health and safety in the home environment. • Develop or maintain personal, social, physical or work-related skills. <p>Participant-directed Goods and Services may not be used for any of the following:</p> <ul style="list-style-type: none"> • Personal items and services not related to the participant’s intellectual disability, developmental disability, or autism; • Experimental or prohibited treatments; • Entertainment activities, including vacation expenses, lottery tickets, alcoholic beverages, tobacco/nicotine products, movie tickets, televisions and related equipment, and other items as determined by the Department; • Expenses related to routine daily living, including groceries, rent or mortgage payments, utility payments, home maintenance, gifts, pets (excluding service animals), self-employment/business related expenses and other items as determined by the Department; 	ODP proposes, based on comments received during the listening sessions, to include Participant Directed Goods and Services in the Consolidated Waiver.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • <u>Items and services that the participant has the funds to purchase;</u> • Items and services that are excluded from receiving Federal Financial Participation, including but not limited to: room and board payments which include the purchase of furnishings and services provided while a participant is an inpatient of a nursing facility or ICF/ID. <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i> Participant-directed Goods and Services are limited to \$2,000 per participant per fiscal year <u>through one of the participant-directed services models.</u></p>	
Community Living and P/FDS Waivers	C-1/C-3	Participant Directed Goods and Services	<p>Participant-directed Goods and Services may not be used for any of the following:</p> <ul style="list-style-type: none"> • Personal items and services not related to the participant’s intellectual disability, developmental disability, or autism; • Experimental or prohibited treatments; • Entertainment activities, including vacation expenses, lottery tickets, alcoholic beverages, tobacco/nicotine products, movie tickets, televisions and related equipment, and other items as determined by the Department; • Expenses related to routine daily living, including groceries, rent or mortgage payments, utility payments, home maintenance, gifts, pets (excluding service animals), self-employment/business related expenses and other items as determined by the Department; • <u>Items and services that the participant has the funds to purchase;</u> • Items and services that are excluded from receiving Federal Financial Participation, including but not limited to: room and board payments which include the purchase of furnishings and services provided while a participant is an inpatient of a hospital, nursing facility, or ICF/ID. 	ODP is clarifying that self-employment and business related expenses are excluded from coverage under Participant-Directed Goods and Services.
P/FDS Waiver	C-4	Additional Limits on Amount of Waiver Services	<p>A \$41,000 per person per fiscal year total limit is established for all P/FDS Waiver services with the following exceptions:</p> <ul style="list-style-type: none"> • Supports Coordination and Supports Broker services will be excluded from the limit because they are integral to ensuring the success of participants in utilizing traditional service models and participant directed service models. 	Based on input received during listening sessions, Benefits Counseling has been added as a service that can exceed the P/FDS fiscal year limit on services by \$15,000.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> The limit can be exceeded by \$15,000 for Advanced Supported Employment, Supported Employment, or Benefits Counseling services that are authorized on a participant's service plan. The limit can be exceeded temporarily to provide needed services for emergency care provision due to the COVID-19 pandemic. This temporary exception is effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends). 	The temporary exception for participants to exceed the fiscal year limit on services that was approved in Appendix K was added to ensure this exception remains valid for the full fiscal year in which Appendix K ends.
Community Living Waiver	C-4	Additional Limits on Amount of Waiver Services	An \$85,000 per person per fiscal year total limit is established for all Community Living Waiver services with an exception for Supports Coordination services. The limit can be exceeded temporarily to provide needed services for emergency care provision due to the COVID-19 pandemic. This temporary exception is effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends).	The temporary exception for participants to exceed the fiscal year limit on services that was approved in Appendix K was added to ensure this exception remains valid for the full fiscal year in which Appendix K ends.
All ID/A Waivers	D-1-g	Process for Making Service Plan Subject...	<p>The ODP Oversight Quality Assessment and Improvement process involves the review of service plans to ensure that:</p> <ul style="list-style-type: none"> Service plans address all participant's assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan. Participants are afforded choice between/among waiver services and providers. Service Plan outcomes relate to the participant's preferences and needs. Service plans are authorized prior to the receipt of Waiver services. 	The Quality Assessment and Improvement process does not review service plans to ensure that they are authorized prior to the receipt of waiver services.
P/FDS Waiver	D-2-a	The Frequency with Which	For participants who receive a monthly service, the SC monitors authorized services to ensure a waiver participant's health and safety. The supports coordinator shall conduct monitoring at the following minimum frequency:	ODP is clarifying the requirements in the P/FDS Waiver for when face-to-face

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
		Monitoring is Performed	<ul style="list-style-type: none"> • A face-to-face monitoring once in every three (3) calendar months at a minimum. • At least one of the face-to-face monitoring visits in every (6) six calendar months must take place in the waiver participant's home. • One (1) visit must take place at the waiver participant's day service, including a nontraditional day program as appropriate; and • One (1) visit may take place at: <ul style="list-style-type: none"> ○ any location where an authorized service is rendered, as applicable in the waiver participant's plan. OR ○ any location agreeable to the waiver participant. <p><u>Supports Coordination teleservices may be used to conduct monitoring for one (1) out of four (4) required face-to-face monitorings per year when both of the following are met:</u></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 <u>via teleservices</u> or in-person. <p style="text-align: center;">***</p> <p>During the time that the participant is receiving a waiver service on a less than monthly basis or on temporary travel, the SC must conduct monthly face-to-face <u>monitorings via teleservices</u> with at least one face-to-face monitoring occurring every three months.</p> <p>A deviation of monitoring frequency and location is only permitted when a participant:</p> <ul style="list-style-type: none"> • only receives a waiver service on a less than monthly basis • is on temporary travel out of the state of Pennsylvania as per ODP's Travel Policy Related to Service Definitions <p>For participants who receive services on a less than monthly basis, ODP requires monthly monitoring conducted by the SC with at least one face to face occurring every three months.</p> <p>A deviation of monitoring frequency is only permitted when an individual goes on vacation or on a trip as per ODP's Waiver Travel Policy related to Service Definitions.</p>	monitoring by Supports Coordinators is required and when remote monitoring is allowed.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
Consolidated and Community Living Waiver	D-2-a	The Frequency with Which Monitoring is Performed	<p>(B) The Frequency With Which Monitoring Is Performed. For participants who receive a monthly service, the SC monitors authorized services to ensure a waiver participant's health and safety. The SC shall conduct at minimum a face to face monitoring once every two months. During a six (6) calendar month timeframe:</p> <ul style="list-style-type: none"> • One (1) of the visits must take place at the waiver participant's residence; • One (1) visit must take place at the waiver participant's day service, including a nontraditional day program and • One (1) visit may take place at: <ul style="list-style-type: none"> ○ any location where an authorized service is rendered, OR ○ any location agreeable to the waiver participant. <p><u>Supports Coordination teleservices may be used to conduct monitoring for three (3) out of the six (6) required face-to-face monitorings per year when both of the following are met:</u></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 <u>via teleservices</u> or in-person. <p style="text-align: center;">***</p> <p>During the time that the participant is receiving a waiver service on a less than monthly basis or on temporary travel , the SC must conduct monthly face-to-face monitorings <u>via teleservices</u> with at least one face-to-face monitoring occurring every three months. A deviation of monitoring frequency and location is only permitted when a participant:</p> <ul style="list-style-type: none"> • only receives a waiver service on a less than monthly basis • is on temporary travel out of the state of Pennsylvania as per ODP’s Travel Policy Related to Service Definitions <p>For participants who receive services on a less than monthly basis, ODP requires monthly monitoring conducted by the SC with at least one face-to-face occurring every three months.</p> <p>A deviation of monitoring frequency is only permitted when an individual goes on vacation or on a trip as per ODP's Waiver Travel Policy related to Service Definitions.</p>	ODP is clarifying the requirements in the Consolidated and Community Living Waivers for when face-to-face monitoring by Supports Coordinators is required and when remote monitoring is allowed.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
All ID/A Waivers	Appendix H	Quality Improvement Strategy; Systems Improvement	<p>ODP’s Quality Assessment & Improvement (QA&I process) is designed to conduct a statewide quality management review of all Administrative Entities (AEs), Supports Coordination Organizations (SCOs) and providers delivering waiver services and supports. Over a three-year period, 100% of AEs, SCOs and providers receive a full QA&I review.</p> <p>ODP selects for review a proportionate, representative, random sample of waiver participants for review via the QA&I process, with a confidence level of 95%, margin of error 5%, and 70% response distribution, from the combined population of waiver participants in Pennsylvania’s Consolidated Waiver Control # 0147, P/FDS Waiver Control # 0354 and Community Living Waiver Control #1486. The results obtained reflect the performance of the combined system, ensuring that the system for the waivers is responsive to the needs of all individuals served.</p> <p>ODP trends, prioritizes and implements system improvements (i.e., design changes) prompted as a result of an analysis of the discovery and remediation information obtained via the QA&I process and other data sources. This integrated approach to quality monitoring is comprehensive, standardized, and measurable and is intended to:</p> <ul style="list-style-type: none"> • Follow an individual’s experience throughout the system, • Measure progress toward implementing ODP’s Everyday Lives: Values in Action, • Gather timely and useable data to manage system performance, and • Use data to manage the service delivery system with a continuous quality improvement approach. <p>Following the full QA&I review, remediation is required for all instances of noncompliance and must occur within 30 days of discovery. Where performance is less than 86%, a plan to prevent recurrence may be required which may lead to a quality improvement plan (QIP) for identified systemic issues. The entity reviewed receives the results of their completed QA&I review.</p> <p>The QA&I process is used to:</p> <ul style="list-style-type: none"> • Assess AE outcomes as outlined in the AE Operating Agreement, • Collect data for the Consolidated, P/FDS and Community Living waivers’ performance measures, • Validate that SCOs and providers comply with applicable federal and state regulations and requirements and their current Provider Agreements for all three waivers. 	Updated to align waiver language with the current QA&I process.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>ODP compiles all data collected from the QA&I process into an Annual Statewide Report. This report is shared with system stakeholders and represents statewide performance of AEs, SCOs, providers, and the overall system, as it relates to the quality of services.</p> <p>ODP developed Regional Quality Teams in each of its four Regional Offices to review region-specific, aggregate discovery and remediation data, in each of the six waiver assurance areas and a Community Services Quality Oversight Group, as well as a Community Services Quality Team, co-lead by ODP’s Bureau of Community Services Director and Quality Management Division Director, to review the statewide, aggregate performance data in each of the six waiver assurance areas. ODP Regional Office Staff are assigned to participate in the compilation and analyses of aggregate data pertaining to their region, then to join with ODP Central Office staff to compile and analyze data statewide. Regional analysis, conclusions, and recommendations are considered when statewide analysis is performed and conclusions and recommendations proposing system-wide improvements are made by the Community Services Quality Oversight Group Team.</p> <p style="text-align: center;">***</p> <p>Because Pennsylvania’s Consolidated, P/FDS and Community Living Waivers are approved for the same five-year time frame, ODP will submit a consolidated evidence report reflecting the state fiscal years’ first three state fiscal years’ performance on the combined system on the schedule CMS requires.</p>	
All ID/A Waivers	Appendix H(b)(i)	System Design Changes	<p>Depending on the area of focus, specific units within ODP are assigned responsibility for designing, initiating, monitoring and analyzing the effectiveness of system design changes and providing periodic, routine reports on progress to the Community Services Quality Team Oversight Group. Stakeholders, including ISAC, are engaged in this process where appropriate. Stakeholders are engaged in this process where appropriate. In addition, ODP’s ISAC completes the PDCA Cycle through review of IM4Q and NCI data, assessing the effectiveness of strategies implemented and identifying next steps.</p>	Updated to align waiver language with the current process.
All ID/A Waivers	Appendix H-2	Use of a Patient Experience of Care/Quality of Life Survey	<p>Specify the type of survey tool the state uses: HCBS CAHPS Survey : ✗ NCI Survey : NCI AD Survey :</p>	ODP is clarifying the survey tools it is using.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>X Other (Please provide a description of the survey tool used): <u>IM4Q, described in section H-1 above, is an independent survey of quality-of-life issues, conducted in tandem with the NCI survey, that monitors satisfaction and outcomes of participants receiving services through indicators organized into areas of satisfaction, dignity and respect, choice and control, inclusion, and physical setting.</u></p>	
All ID/A Waivers	I-2-a	Rate Determination Methods	<p>There are several approaches to set rates under the PPS, depending on the type of service: fee schedule rates, cost-based rates, payment for vendor goods and services, and participant-directed service rates. <u>The rate setting methods described below pertain to in-state and out-of-state providers as allowed in provider qualifications for each waiver service.</u> For the purposes of this waiver, vendor goods and services refers to payment for the completion of a task or delivery of an item.</p> <p style="text-align: center;">***</p> <p>*Rates for the following services <u>(including teleservices)</u> and components of a service are on the MA fee schedule: Behavioral Support; Physical Therapy; Occupational Therapy; Speech/Language Therapy; Visual/Mobility Therapy; Shift Nursing; Companion; Supports Broker; Supplemental Habilitation; In-Home and Community Support; Supported Employment; Respite (excluding respite camp); Small Group Employment; Homemaker/Chore; Advanced Supported Employment; Community Participation Support; Music, Art & Equine Assisted Therapy; Benefits Counseling; Communication Specialist; Consultative Nutritional Services; Family Medical Support Assistance; Housing Transition and Tenancy services; Family/Caregiver Training and Support (excluding training registration and fees); Supported Living; Supports Coordination; Unlicensed and Licensed Residential Habilitation; and Unlicensed and Licensed Life Sharing and Transition to Independent Living payments. The rate for the fading support component of Community Participation Support follows the fee schedule rate setting methodology described in this section. The assumptions used to develop the fading support fee schedule rate included a 1:15 staff to participant ratio and a 0% absentee factor.</p> <p style="text-align: center;">***</p> <p>ODP will completed studies of the costs associated with the provision of waiver services and the assumptions used to make the rate determinations in <u>2021 which resulted in changes to most rates effective January 1, 2022. The next study will be completed in compliance with</u></p>	CMS requested clarification be added that there is no difference in the method used for creating rates for out-of-state providers and teleservices.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<u>applicable state regulations no later than 2024.</u> compliant with applicable state regulations and no later than the renewal of the waiver (7/1/22).	