

Consolidated, Community Living and P/FDS Waiver Amendments Not Related to Performance-Based Contracting

Effective Date: January 1, 2026

KEY

“All Intellectual Disability/Autism Waivers (ID/A) Waivers” – Consolidated, Community Living, and Person/Family Directed Support (“P/FDS”) Waivers

Black Bold Font = Additions submitted to CMS.

Strikethrough = Information removed

Purple Bold Font= Changes made as a result of public comment

Blue Bold Font = Changes made as a result of CMS feedback

Waivers Impacted	Appendix	Waiver Section	Revised Language	Reason for Change
All ID/A Waivers	C-1/C-3	American Sign Language – English Interpreter	This service can be delivered in Pennsylvania and states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania or other locations as per ODP’s travel policy. Interpreter services are limited to an average of 8 hours per day and must be billed using either 15-minute units or one-hour units.	The changes clarify that American Sign Language – English Interpreter can be provided during temporary travel and can only be billed using 15-minute units.
All ID/A Waivers	C-1/C-3	American Sign Language – English Interpreter	<i>Provider Qualification Requirements</i> Comply with the Sign Language Interpreter and Transliterator State Registration Act of 2004, which requires registration Be registered with Pennsylvania’s Office of Deaf and Hard of Hearing.	This change clarifies the requirement that all individuals who render American Sign Language – English Interpreter services must be registered with Pennsylvania’s Office of Deaf and Hard of Hearing.
Consolidated Waiver	C-1/C-3	Assistive Technology	Assistive Technology has the following limits: <ul style="list-style-type: none"> A lifetime limit of \$10,000 A per participant fiscal year limit of \$3,000. The following are included in the fiscal year limit: for all Assistive Technology This lifetime limit includes: 	To support the use of Assistive Technology, this change removes the \$10,000 lifetime limit and replaces it with a \$3,000 annual limit in the Consolidated Waiver. Individuals who

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			<ul style="list-style-type: none"> ○ Any item, piece of equipment, or product system, acquired commercially off the shelf, modified, or customized. ○ Electronic devices. No more than one replacement electronic device is allowed every 5 years. ○ Repairs, warranties, ancillary supplies, software and equipment. ○ Independent evaluations of the participant’s assistive technology needs. <p>This fiscal year limit may be raised by ODP using the standard ODP variance process outlined in Bulletin 00-18-06.</p> <ul style="list-style-type: none"> ● A lifetime limit of \$5,000 for generators for the participant’s primary residence only. The lifetime limit on generators may not be raised using the variance process and generators for a secondary residence are not available through the waiver. While generators have a separate lifetime limit, the amount spent on a generator is not included in the overall Assistive Technology lifetime fiscal year limit of \$3,000 \$10,000. 	<p>need Assistive Technology that exceeds the \$3,000 limit, can request additional funding through the ODP variance process.</p>
Community Living and P/FDS Waivers	C-1/C-3	Assistive Technology	<p>Assistive Technology has the following limits:</p> <ul style="list-style-type: none"> ● A lifetime limit of \$10,000 per participant for all Assistive Technology. This limit may be raised by ODP using the standard ODP variance process. This lifetime limit includes: <ul style="list-style-type: none"> ○ Electronic devices. No more than one replacement electronic device is allowed every 5 years. ○ Assistive Technology not used as part of remote supports. ○ Repairs, warranties, ancillary supplies, software and equipment. ○ Independent evaluations of the participant’s assistive technology needs. 	<p>To support the use of Assistive Technology, this change removes the \$10,000 lifetime limit. Assistive Technology is included in the overall annual limit on services in Appendix C-4 of the Community Living and P/FDS Waivers.</p>

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			<p>Assistive Technology has a lifetime limit of \$5,000 for generators for the participant’s primary residence only. The lifetime limit on generators may not be raised using the variance process outlined in Bulletin 00-18-06 and generators for a secondary residence are not available through the waiver. While generators have a separate lifetime limit, the amount spent on a generator is included in the overall Assistive Technology lifetime limit of \$10,000.</p>	
All ID/A Waivers	C-1/C-3	Benefits Counseling	<p>Benefits Counseling includes direct and indirect activities designed to inform, and answer questions from, a participant and their Representative Payee appointed by the Social Security Administration (as applicable) about competitive integrated employment and how and whether it will result in increased economic self-sufficiency and/or net financial benefits through the use of various work incentives. Through an accurate individualized assessment, this service provides information to the participant and their Representative Payee (as applicable) regarding the full array of available work incentives for essential benefits programs including Supplemental Security Income, SSDI, Medicaid, Medicare, housing subsidies, Supplemental Nutrition Assistance Program, etc.</p> <p>The service also will provide information and education to the participant and their Representative Payee (as applicable) regarding income reporting requirements for public benefit programs, including the Social Security Administration.</p> <p>Billable indirect activities are limited to the following:</p> <ul style="list-style-type: none"> • Writing a Benefits Summary and Analysis. 	This change incorporates recommendations received through public comment to include communication with the participant’s appointed Representative Payee as a billable Benefits Counseling activity.

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			<ul style="list-style-type: none"> • Reaching out to employers to obtain work incentive information and paystub information. • Requesting or receiving a Benefits Planning Query, • Analyzing the Benefits Planning Query, • Confirming information with the Social Security Administration about the Benefits Planning Query and its accuracy, • Connecting with the Social Security Administration to complete work review, and • Communication with the participant’s Representative Payee to answer questions and provide guidance on actions required of the Representative Payee on behalf of the participant. <p>Prior to communicating with the participant’s Representative Payee, Benefits Counseling providers are required to ask the participant if they would like to be included in the discussion and document the participant’s preference in a service note.</p>	
All ID/A Waivers	C-1/C-3	Community Participation Support	CPS may be used to provide prevocational services in Licensed Adult Training and Vocational facilities and community locations. All participants receiving prevocational services, which includes participants receiving subminimum wage in any setting , must have a competitive integrated employment outcome included in their service plan. There must be documentation in the service plan regarding how and when the provision of prevocational services is expected to lead to competitive integrated employment. Prevocational services assist participants in vocational skill development, which means developing basic skills and competencies necessary for a participant to pursue competitive integrated employment and includes:	This change clarifies that individuals receiving subminimum wage in any setting must have competitive integrated employment outcomes included in their service plan and preliminary plans for employment.

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			<ul style="list-style-type: none"> • The development and implementation of a preliminary plan for employment that identifies: <ul style="list-style-type: none"> ○ The participant's basic work interests, and ○ Skills and gaps in skills for the participant’s work interests, including how those will be addressed, • Situational assessments: spending time at an employer's place of business to explore vocational interests and develop vocational skills, and • Identifying available transportation to help the participant get to and from work and teaching the participant and others (as appropriate) about basic financial opportunities and benefits information for a move into competitive integrated employment. 	
All ID/A Waivers	C-1/C-3	Community Participation Support	<p><i>Provider Qualifications for Prevocational Facilities</i></p> <p>Agencies must meet the following standards regardless of provider service location:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. 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 licensing or QA&I when warranted. 3. Effective 1/1/27, be an approved vendor for OVR Supported Employment services and provide documentation of acceptance of OVR referrals for OVR funded Supported Employment. 	<p>This change requires prevocational facilities to be an approved vendor for the Office of Vocational Rehabilitation (OVR) Supported Employment services. The purpose of this change is to facilitate successful transitions of individuals from subminimum wage employment to competitive integrated employment, which is the goal of prevocational services.</p>

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Consolidated and Community Living Waivers	C-1/C-3	Housing Transition and Tenancy Sustaining Services	<p>Tenancy support services may not be authorized for participants who are authorized to receive Residential Habilitation, Life Sharing or Supported Living services. Housing Transition services may be authorized when the participant has a plan to move from the home where Residential Habilitation or Life Sharing is provided into a private home that the participant will own, rent or lease, unless Life Sharing will be provided in the private home. Housing Transition services may also be authorized when the participant is receiving Supported Living and has a plan to move from their current private home into a different private home that the participant will own, rent, or lease, unless Life Sharing will be provided in the new private home.</p>	<p>This change clarifies that Housing Transition activities may be used to support participants receiving residential services (including Supported Living) to move to a private home that the participant will own, rent, or lease. Residential Habilitation and Life Sharing providers are expected to perform housing transition activities as part of the residential service when a participant moves into a home where Life Sharing or Residential Habilitation will be provided.</p>
All ID/A Waivers	C-1/C-3	Supported Employment and Advanced Supported Employment	<p>When OVR is utilizing an order of selection with a wait list for any priority category in effect, participants on the wait list may receive Supported Employment or Advanced Supported Employment through this waiver in accordance with ODP policy.</p> <p>In the event that OVR closes the order of selection, the following process will be followed from the effective date until the closure is lifted:</p> <ul style="list-style-type: none"> • A participant who has been referred to OVR, but does not have an approved Individualized Plan for Employment (IPE) may receive Supported Employment/Advanced Supported Employment. • A participant who has not been referred to OVR may receive Supported Employment/Advanced Supported Employment without a referral to OVR. 	<p>This change aligns terminology with that used by OVR. OVR’s waitlist for priority categories can change which impacts when referrals to OVR for employment services are required. ODP will publish policy regarding OVR referral requirements based on OVR’s waitlist process in effect at the time.</p>
All ID/A Waivers	C-1/C-3	Provider Qualifications	<p><i>New Provider Qualification Requirement for Agencies and Individual Providers of Community Participation Support, In-Home and Community Support, and</i></p>	<p>Community Participation Support, In-Home and Community Support and</p>

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			<p><i>Companion. This does not apply to services rendered by Support Service Professionals through a Participant-Directed Services option.</i></p> <p>Providers newly enrolling to render Community Participation Support, In-Home and Community Support, and/or Companion must provide ODP home and community-based services to a minimum of 3 separate and distinct participants in the first fiscal year after enrollment. Starting 7/1/26, currently enrolled providers must render ODP home and community-based services to a minimum of 3 separate and distinct participants each fiscal year. ODP will use the provider's Master Provider Index number to determine if the provider is rendering any ODP waiver services to a minimum of 3 separate and distinct participants. Additionally, the provider must render ODP home and community-based services each quarter.</p>	<p>Companion are the most frequently used services. These are also the services that individuals and families most frequently report being unable to find providers to render needed services. The goal of this change is to increase availability of these needed services to individuals and families.</p>
P/FDS and Community Living Waivers	C-4	Additional Limits on Amount of Waiver Services	<p>As per the Operating Agreement between ODP and AEs, the AE may only enroll new applicants into the P/FDS/Community Living Waiver if the participant's immediate health and welfare can be assured within the individual cost limit, or if immediate health and welfare needs not met within the cost limit will be met using non-waiver resources and/or unpaid supports. An individual needs assessment is conducted to identify services necessary to assure the person's immediate health and welfare. If the assessment indicates services to address the person's immediate health and welfare are in excess of the individual cost limit, the person may not be enrolled in the P/FDS/Community Living Waiver unless his or her the person's immediate health and welfare needs will be met through nonwaiver resources and/or supports. If Waiver enrollment is denied, the AE is responsible to provide the participant with his or her fair hearing rights, and the participant may appeal the decision. If the individual is enrolled in the P/FDS/Community Living Waiver, they are informed at enrollment of the total limit.</p>	<p>These changes clarify that people can be enrolled in the P/FDS and Community Living Waivers when their immediate health and welfare needs can be met by one of these waivers.</p>

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			<p>P/FDS/Community Living Waiver participants who experience a change in immediate health and welfare needs that result in service needs in excess of the individual cost limit may be transferred to the Community Living/Consolidated Waiver. The AE, with the approval of ODP, may transfer participants with current, emergency immediate health and welfare needs in excess of the P/FDS/Community Living Waiver cap if the AE already has been allocated sufficient Waiver capacity and funding by ODP. If the AE does not have sufficient Waiver capacity and funding to transfer a P/FDS/Community Living Waiver participant with unmet immediate health and welfare needs to the Community Living/Consolidated Waiver, the AE is to contact ODP to request additional waiver capacity and funding to transfer the participant.</p> <p>P/FDS/Community Living Waiver participants with immediate health and welfare needs in excess of the individual cost limit are also informed of other funding options for needed services, including state-only dollars and third party insurances. Participants are also referred to other services and supports in their communities.</p>	
All ID/A Waivers	E-1-i-iv	Oversight of FMS Entities	<p><i>Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.</i></p> <p>VF/EA FMS provides specific employer agent functions that support the participant with the employer-related functions. The Department monitors the VF/EA FMS to ensure that the contract deliverables are met and participants are in receipt of VF/EA FMS services in accordance with their service plan. The statewide VF/EA FMS is monitored by agents of the Department every two three years. A sample of participants' records are reviewed for compliance onsite at the vendor's</p>	As the Vendor Fiscal/Employer Agent (VF/EA) program continues to grow, ODP has identified critical situations where individuals' needs are not being met due to the CLE's inability to perform critical functions, placing them at significant risk of death or serious injury. To address this, ODP seeks to implement streamlined procedures that enable faster and more efficient transitions, ensuring individuals can promptly

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			<p>service location. If noncompliance is identified, the provider is issued a Corrective Action Plan with which it must comply. Additionally, ODP monitors the VF/EA FMS on an ad hoc basis when concerns arise about contract deliverables. AEs are also required to report any issues with the statewide FMS organization's performance to ODP, pursuant to the AE Operating Agreement.</p> <p>AWC FMS providers are monitored by the Department (ODP or AEs) that conducts on-site reviews through the ODP Oversight Process on a 3-year cycle. AWC FMS providers are subject to oversight activities conducted using standard tools and data collection documents specific to AWC FMS providers to verify that providers are qualified and services are provided in compliance with the Waiver and federal and state requirements.</p> <p>SCOs monitor participant service delivery at a frequency identified in section D-2-a of this waiver which includes the delivery of the administrative services provided by the AWC and VF/EA FMS. AEs and SCOs will complete additional monitoring activities of participants in the VF/EA FMS Model as requested by ODP. ODP may request that specialized tools or methods be used when conducting additional monitoring activities.</p> <p>SCOs must report any observed or suspected potential instances of noncompliance by the participant or CLE that could result in involuntary termination, if not corrected, to the participant's AE of registration. These include, but are not limited to, suspected Medicaid fraud; unmet participant needs; abuse, neglect, abandonment, or exploitation; or failure to fulfill responsibilities under the VF/EA FMS model.</p>	<p>receive the comprehensive care required to safeguard their health and well-being. This change is essential to protect the safety of vulnerable individuals while maintaining the integrity of the service system.</p>

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			<p>When the AE receives a report from the SCO, the AE must conduct a review to determine whether the participant’s or CLE’s noncompliance could result in involuntary termination from the VF/EA FMS model.</p> <p>If the AE determines that the case involves Medicaid fraud; unmet participant needs; or founded incidents of abuse, neglect, abandonment, or exploitation, the participant or CLE will be terminated in accordance with the involuntary termination process described in Appendix E-1-m.</p> <p>If the AE determines that the participant or CLE has failed to fulfill responsibilities required under the VF/EA FMS model specified in Appendix E-1-m, the AE will issue a formal written notice of noncompliance detailing the deficiencies and required corrective actions. Failure to comply with the corrective actions within the specified timeline may result in additional written notices. After the issuance of three (3) formal written notices, the participant will be involuntarily terminated from the VF/EA FMS model.</p> <p>If, in either the VF/EA or AWC FMS model, the participant, CLE, Managing Employer, or surrogate refuses to collaborate with the Supports Coordinator or service plan team in revising the service plan or implementing corrective actions necessary to address participant health, safety, or service delivery concerns, including but not limited to preventing the Supports Coordinator from completing in-person monitoring visits in the participant’s home, the AE will follow the above process of issuing corrective action notices. After three (3) such notices, any further refusal to collaborate will result in termination in accordance with Appendix E-1-m.</p>	
All ID/A Waivers	E-1-m	Involuntary Termination	<i>Specify the circumstances when the state will involuntarily terminate the use of participant direction and require the participant to receive provider-managed</i>	As the VF/EA program continues to grow, ODP has identified critical

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		of Participant Direction	<p><i>services instead, including how continuity of services and participant health and welfare is assured during the transition.</i></p> <p>Involuntary termination from participant direction will occur under the following circumstances:</p> <ul style="list-style-type: none"> • If the participant or surrogate is charged with suspected or convicted of Medicaid fraud. • If there is sufficient evidence that the participant’s assessed needs, as outlined in the service plan, are not being met through the self-direction of services due to mismanagement by the participant or surrogate, as determined by the AE or ODP. • If the participant or surrogate is the target of a founded incident of abuse, neglect, abandonment, or exploitation identified through the Incident Management or Protective Services processes. • If the participant or surrogate persistently fails to fulfill responsibilities required under the VF/EA FMS model, including but not limited to: <ul style="list-style-type: none"> ○ Recruitment, training, and supervision of SSPs. ○ Timely submission of payroll and invoices. ○ Adherence to emergency backup plans to ensure service continuity. ○ Documentation of service delivery. ○ EVV compliance. <p>When any of the above circumstances are present, the AE will issue a formal written notice of noncompliance detailing the deficiencies and required corrective actions. Failure to comply with the corrective actions within the specified timeline may result in additional written notices. After the issuance of three formal written notices, the participant will be involuntarily terminated from the VF/EA FMS model.</p>	<p>situations where individuals' needs are not being met due to the CLE’s inability to perform critical functions, placing them at significant risk of death or serious injury. To address this, ODP seeks to implement streamlined procedures that enable faster and more efficient transitions to alternative service models, ensuring individuals can promptly receive the comprehensive care required to safeguard their health and well-being. This change is essential to protect the safety of vulnerable individuals while maintaining the integrity of the service system.</p>

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			<ul style="list-style-type: none"> • If the participant or surrogate refuses to collaborate with the Supports Coordinator or service plan team in revising the service plan or implementing corrective actions necessary to address participant health, safety, or service delivery concerns, the AE will follow the above process of issuing corrective action notices. After three such notices, any further refusal to collaborate will result in the participant’s involuntary termination from participant direction. <p>A participant who is involuntarily terminated from participant direction may not return to either self-direction model until all of the following occur:</p> <ul style="list-style-type: none"> • The service plan team agrees that a return to self-direction is feasible based on a change in the circumstances that led to termination, and • The AE confirms in writing that the circumstances have changed such that the participant is again eligible to self-direct. <p>If a participant involuntarily terminated from the VF/EA FMS participant directed model, the supports coordinator will provide the participant with options to meet their needs through the Agency with Choice (AWC) FMS model that serves the geographic area where the participant lives, an agency-based service option, or a combination thereof. If AWC is selected as part of the new service delivery model, the person who served as CLE when the participant was in the VF/EA model may not be the Managing Employer in the AWC model.</p> <p>If a participant is involuntarily terminated from the AWC FMS participant directed model, the Supports Coordinator will provide the participant with options to choose an agency-based service options to meet their needs. A participant who is involuntarily terminated from this model may not select the VF/EA FMS model.</p>	

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			<p>AEs and SCs must ensure that participants who are involuntarily terminated from a participant direction model transition to an alternative service model within 45 calendar days of notice of termination unless written approval for an extension is requested of and granted by ODP. During the 45-calendar day transition period, SCs will complete at least two additional, in-person monitoring visits with the participant to ensure that there are no immediate health and safety risks.</p> <p>ODP may at its discretion remove a surrogate functioning as an employer in either the VF/EA or AWC FMS model if:</p> <ul style="list-style-type: none"> • The surrogate is charged with or convicted of Medicaid fraud, or • Fails to meet the condition of their signed agreement as determined by the AE or ODP. <p>Surrogates shall not have the right to appeal such removals.</p> <p>ODP may also terminate a worker in either the VF/EA or AWC FMS model if the worker is suspected or convicted of Medicaid fraud or demonstrates an inability to meet the participant's assessed needs, as determined by ODP.</p> <p>The CLE, as the legal employer, is responsible for having information and a process to appropriately discipline a worker, up to and including termination of employment. The following are reasons for termination, including involuntary termination:</p> <ul style="list-style-type: none"> • The worker is charged with or convicted of Medicaid fraud; • The worker is the target of a founded incident of abuse, neglect, abandonment, or exploitation identified through the Incident Management or Protective Services processes; 	

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			<ul style="list-style-type: none"> • The worker fails to adhere to ODP PDS program and waiver requirements, including those outlined in the SSP Agreement Form and other related forms; or • The worker demonstrates an inability to meet the participant’s assessed needs, as determined by the AE or ODP. <p>Opportunities for corrective action may be provided to workers based on the severity of the situation, as determined by the AE or ODP.</p> <p>The Supports Coordinator is responsible to work with the participant, surrogate, and service plan team, and AE to maintain health and welfare, monitor and coordinate an effective transition between participant directed and traditional services and monitor that services are provided in accordance with the authorized service plan.</p>	