

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

Effective Date: January 1, 2025

KEY

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

Black Bold Font = Additions proposed and submitted to CMS. No changes were made because of public comment.

Strikethrough = Information removed

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

Purple Bold Font = Changes made based on CMS feedback

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
All ID/A Waivers	B-3-c	Reserved Waiver Capacity	<p>Purpose: Hospital/Rehabilitation Care</p> <p>ODP reserves waiver capacity for participants requiring hospital/rehabilitation care up to 180 days from the first date of leave. Reserved capacity begins on:</p> <ul style="list-style-type: none"> • Day 31 in medical and psychiatric hospital settings. • Day 1 in rehabilitation care programs and nursing homes. <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. Waiver capacity will not be reserved for participants who receive services in an acute care hospital as outlined in this waiver because they will maintain enrollment in the waiver.</p> <p>Settings which are not considered hospital/rehabilitation care include residential treatment facilities, state mental health hospitals, approved private schools, and private and state ICFs/ID.</p>	This change clarifies that individuals who receive waiver services in an acute care hospital in accordance with requirements in the waivers and Bulletin 00-23-01 will not be disenrolled from the waiver and will not need to have waiver capacity reserved.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
P/FDS Waiver	B-3-c	Reserved Waiver Capacity	<p>Purpose: Graduate Waiting List Initiative</p> <p>Administrative Entities (AEs) work in conjunction with Supports Coordination Organizations to anticipate and prioritize High School Graduates who are eligible to graduate at age 21 years old. Pennsylvania Department of Education allows students who are eligible under federal IDEA to access a Free and Appropriate Public Education until their 22nd birthday. This means if a student would have traditionally exited from high school during or after the school term in which they turned 21 years of age, they now may remain in school until their 22nd birthday. Regardless, the AE will reserve capacity for all High School Students who are not eligible to complete a full year of education in the last year of High School.</p> <p>ODP has reserved capacity in Years 1 through 5 for the waiting list initiative to serve students graduating from special education who are not eligible to continue their education through the next year. In accordance with ODP policy as enumerated in Appendix A, any new individual identified for enrollment must be identified as having an emergency need. The students identified for the waiting list initiative may not meet the emergency need requirement which makes it necessary for the AE to reserve capacity for the student to ensure they have access to the waiver.</p> <p>All participants enrolled in the Waiver have comparable access to all services offered in the Waiver regardless of whether the participant he or she is enrolled due to meeting reserved capacity criteria or the criteria for emergency status in PUNS or its successor. This is evidenced by the service plan process that is required for all participants and requires that service options be promoted and fully explored with every participant. ODP allows AEs to reserve existing capacity for identified High School Students and enroll the student prior to graduation.</p>	This change aligns with current practice used by AEs to reserve capacity in the P/FDS Waiver for high school graduates.

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			<p>Capacity may be reserved up to 180 days prior to the expected need for services. This allows the AEs and Supports Coordination Organizations to plan accordingly prior to the transition.</p> <p><i>Describe how the amount of reserved capacity was determined:</i></p> <p>Reserved capacity has been determined by the historical number of individuals who have graduated from special education and who are not eligible to continue their education through the next full year. The capacity is reserved to the extent that resources have been identified to support it.</p>	
All ID/A Waivers	C-1/C-3	Assistive Technology	<p>Assistive Technology devices costing \$750 or more must be recommended by an independent evaluation of the participant’s assistive technology needs, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant on the customary environment of the participant. While an independent evaluation of the participant’s assistive technology needs for devices costing less than \$750 is not required, it can be completed if the service plan team believes it will be beneficial. The All independent evaluations must be conducted by a licensed physical therapist, occupational therapist, speech/language pathologist, or a professional certified by SHIFT as an Enabling Technology Integration Specialist (ETIS) or, or a professional certified by Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) as an Assistive Technology Professional. Independent evaluations are not required for the purchase of generators.</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p>	This change clarifies that independent evaluations of assistive technology needs for devices costing less than \$750 can be covered under Assistive Technology but are not required. All independent evaluations covered under Assistive Technology are included in the lifetime limit of \$10,000.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<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 extended raised by ODP using the standard ODP variance process. This lifetime limit includes: <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 extended 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 included in the overall Assistive Technology lifetime limit of \$10,000. ○ 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. 	
All ID/A Waiver	C-1/C-3	Benefits Counseling	<p>Benefits Counseling is a includes direct and indirect activities service designed to inform, and answer questions from, a participant about competitive integrated employment and how and whether it will result in increased economic self-sufficiency and/or net financial benefit through the use of various work incentives. Through an accurate individualized assessment, this service provides information to the participant regarding the full array of available work incentives for essential benefit programs such as Supplemental Security Income, SSDI, Medicaid, Medicare, housing subsidies, and Supplemental Nutrition Assistance Program food stamps.</p>	<p>These changes were based on public comment, which recommended that indirect activities required to provide Benefits Counseling be billable through the waivers and that participants who are not eligible for WIPA services not be required to seek WIPA services prior to receiving Benefits Counseling through the waivers.</p> <p>Additional changes were made to implement the public comment</p>

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			<p>The service also will provide information and education to the participant regarding income reporting requirements for public benefit programs, including the Social Security Administration.</p> <p>Billable indirect activities are limited to the following:</p> <ul style="list-style-type: none"> • Writing a Benefits Summary and Analysis. • 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 Social Security Administration about the Benefits Planning Query and its accuracy, and • Connecting with the Social Security Administration to complete work review. <p>Benefits Counseling provides work incentives counseling and planning services. It is provided to participants considering or seeking competitive integrated employment or career advancement or to participants who need problem solving assistance to maintain competitive integrated employment.</p> <p>Benefits Counseling must be provided in a manner that supports the participant’s communication style and needs and shall meet at a minimum what is required under the Americans with Disabilities Act. This service may be provided in person or virtually based on the participant’s informed choice, after the pros and cons of each method are explained to the participant.</p> <p>Unless the participant meets the below criteria, Benefits Counseling may only be provided after Benefits Counseling services provided by a Community Work</p>	<p>recommendation to increase the number of units to accommodate billing of indirect activities.</p>

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			<p>Incentives Coordinator 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 services are not available within 30 calendar days. This process must be completed when there has been an interruption in service where the participant has not received Benefits Counseling services in more than nine months. Participants who are not eligible for the WIPA program as outlined in ODP policy can receive Benefits Counseling through the waivers without seeking services through a WIPA program.</p> <p style="text-align: center;">***</p> <p>Benefits Counseling services are limited to a maximum of 60 96 (15-minute) units which is equal to 15 24 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>	
All ID/A Waivers	C-1/C-3	Community Participation Support	<p>The CPS provider is required to complete & update CPS should include a comprehensive an analysis of the participant in relation to the following at least annually:</p> <ul style="list-style-type: none"> • Strongest interests & personal preferences for community activities, • Skills, strengths, & other contributions likely to be valuable to employers or the community, & • Conditions necessary for successful community inclusion and/or competitive integrated employment. 	This change clarifies expectations for the completion of a comprehensive analysis necessary to support participants in experiencing meaningful community inclusion which includes developing and sustaining a range of valued social roles and relationships and increasing potential for employment.
All ID/A Waivers	C-1/C-3	American Sign Language –	*** New Service***	An interpreter service is being added to the waivers to ensure effective

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		English Interpreter Service	<p>The American Sign Language (ASL) - English Interpreter Service is for participants who utilize ASL.</p> <p>Interpreting is the process of conveying English in grammatically correct American Sign Language and the process of conveying American Sign Language in English. Interpreters maintain the role of a facilitator of communication rather than the focus or initiator of communication. Interpreters may make an exception to this to provide communication information within the scope of the interpreter’s training.</p> <p>To use this service, the participant’s ISP team must develop an implementation plan and a plan to fade out the use of an interpreter to promote direct communication with the participant’s staff and/or unpaid supports.</p> <p>Interpretation teleservices may be provided in accordance with requirements in the Additional Needed Information Section of the Main Module. This service does not include payment for video equipment.</p> <p>Providers of residential services are responsible for meeting the communication needs of individuals receiving residential services. For participants who receive Residential Habilitation, Life Sharing, and Supported Living services, the interpreter service may only be used during:</p> <ol style="list-style-type: none"> 1. Incident investigations, law enforcement activity, or another crisis event, 2. Victim’s assistance, 3. Completion of the Health Risk Screening Tool, 4. Annual service assessments required in Residential Habilitation and Life Sharing, i.e., rights training, fire safety, etc., 5. Annual service trainings required by 55 Pa. Code Chapter 6100, 6. Important team meetings, and 	communication for participants who use American Sign Language.

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			<p>7. Other situations as determined to be needed by the team.</p> <p>This service may not be used during personal care when privacy would generally be expected (while a participant is in a state of undress, during sexual activities, etc.).</p> <p>The interpreter is exclusively providing interpretation and is not providing any other service as described in these waivers. As such, interpreters are not counted in the participant’s staffing ratio for other direct services.</p> <p>A team of two or more interpreters is allowable based on complexity, length of time, and standard practices.</p> <p>Interpreters may bill up to 30 minutes of preparation time per participant per day billed.</p> <p>This service may only be funded when it is not the responsibility of another entity or it is not available through the State Plan, Medicare, EPSDT, private insurance, or other responsible entity. Waiver funds may not be used to purchase this service if it is provided to the general public for free.</p> <p>Participants who have competitively integrated employment may only receive interpreter services funded through the waiver at their place of employment after the participant has applied for a reasonable accommodation under the Americans with Disabilities Act and the employer determines that providing an interpreter qualifies as an undue hardship for the employer.</p> <p>The direct provision of Communication Specialist services shall not be rendered at the same time that interpreter services are rendered. Additionally,</p>	

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			<p>interpreter services cannot be rendered at the same time as enhanced communication services billed using the U1 modifier.</p> <p>This service can be delivered in Pennsylvania and states contiguous to Pennsylvania.</p> <p><i>Specify applicable (if any) limits on the amount, frequency,</i> 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.</p> <p><i>Service Delivery Method (check each that applies):</i> <input checked="" type="checkbox"/> Participant-directed as specified in Appendix E <input checked="" type="checkbox"/> Provider managed</p> <p><i>Specify whether the service may be provided by (check each that applies):</i> Legally Responsible Person Relative Legal Guardian</p> <p><i>Provider Specifications:</i> <i>Provider Category:</i> Agency <i>Provider Type Title</i> Interpreter Referral Agency</p> <p><i>Provider Qualifications:</i> <i>Other:</i> Agencies must meet the following standards regardless of provider service location:</p>	

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			<ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Complete standard ODP required orientation and training. 3. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies, and procedures. 4. Have Commercial General Liability Insurance. 5. Have Workers' Compensation Insurance, in accordance with state law. 6. Comply with Department standards related to provider qualifications. 7. Have a signed ODP Provider Agreement on file with ODP if enrolled directly with ODP (not through an OHCDs). The ODP Provider Agreement requires the provider to comply with all applicable federal and state statutes, regulations, and policies, including but not limited to confidentiality and HIPAA requirements. 8. 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. <p>Staff working for or contracted with the agency must meet the following standards:</p> <ol style="list-style-type: none"> 1. Comply with the Sign Language Interpreter and Transliterator State Registration Act of 2004, which requires registration with Pennsylvania's Office of Deaf and Hard of Hearing. 2. Be at least 18 years of age. 3. 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 	

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			<p>of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire. If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p> <p>4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.</p> <p><i>Provider Category:</i> Individual</p> <p><i>Provider Type Title</i> Interpreter</p> <p><i>Provider Qualifications:</i> <i>Other:</i> Individuals must meet the following standards:</p>	

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			<ol style="list-style-type: none"> 1. Comply with the Sign Language Interpreter and Transliterators State Registration Act of 2004, which requires registration with Pennsylvania’s Office of Deaf and Hard of Hearing. 2. Have Commercial General Liability Insurance. 3. Be at least 18 years of age. 4. Have a signed ODP Provider Agreement on file with ODP if enrolled directly with ODP (not through an OHCD). The ODP Provider Agreement requires the provider to comply with all applicable federal and state statutes, regulations, and policies, including but not limited to confidentiality and HIPAA requirements. 5. 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. 6. 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. 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: <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. 	

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			<p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p> <p>5. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.</p>	
All ID/A Waivers	C-1/C-3	Communication Specialist	The direct portion of Communication Specialist services cannot be provided at the same time as the direct portion of the following: Benefits Counseling and Consultative Nutritional services. The direct provision of Communication Specialist services shall not be rendered at the same time that interpreter services are rendered.	This change clarifies that the new interpreter service cannot be rendered at the same time as Communication Specialist service.
Consolidated Waiver	C-1/C-3	Life Sharing	The following may not be authorized for participants who receive Life Sharing services: Residential Habilitation; Supported Living; Respite (15-minute or Day); Homemaker/Chore; In-Home & Community Supports; Consultative Nutritional Services; Specialized Supplies; Home or Vehicle Accessibility Adaptations, & Supports Broker services unless the participant has a plan to self-direct services through a PDS model in a private home.	This change corrects an error in the Life Sharing service definition. Individuals who receive Life Sharing services are also eligible to receive Respite (15-minute or Day) as described in ODP Communication 028-18.
Consolidated and Community Living Waivers	C-1/C-3	Residential Habilitation	<p><i>Provider Qualifications for Licensed and Unlicensed Agencies:</i></p> <p><i>License:</i></p> <p>Staff (direct, contracted, or in a consulting capacity) providing Residential Enhanced Staffing as an add-on must be a Licensed Nurse when the participant's assessed needs require that a licensed nurse provide the service.</p>	As outlined in the Residential Habilitation service definition, "The Residential Habilitation provider is also responsible for providing physical health maintenance services including those required by a licensed nurse when required to assure health and wellness or as required in the service plan." This requirement applies to the Residential

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				Habilitation service in its entirety, not just Supplemental Habilitation as an add-on.
Consolidated Waiver	C-1/C-3	Residential Habilitation	<p><i>Provider Qualifications for Licensed Residential Habilitation and Licensed Residential Habilitation Agencies Serving Individuals with a Medically Complex Condition</i></p> <p><i>Certificate:</i> PROGRAM SPECIALIST</p> <p>Program specialists must have a combination of education and experience that aligns with applicable regulatory requirements and is approved by the Department.</p> <p>The program specialist shall have one of the following:</p> <ol style="list-style-type: none"> 1. Master's degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. 2. Bachelor's degree from an accredited college or university and 2 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. 3. Associate's degree or 60 credit hours from an accredited college or university & 4 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. 4. High school diploma or general education development certificate and 6 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism. 	The education and experience requirements for program specialists were added under licensed residential habilitation qualification requirements by mistake. Program specialist requirements contained in licensing regulations will be followed.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
All ID/A Waivers	C-1/C-3	Residential Habilitation, Life Sharing, Supported Living, and Supports Coordination	Annually submit to ODP the most recent financial statements (Income Statement and Balance Sheet). that has been audited by an independent Certified Public Accountant.	This change clarifies the requirement for submission of financial statements to align with policy.
Consolidated and Community Living Waivers	C-1/C-3	Supported Living	<p>The following services may not be authorized for participants who receive Supported Living services: Life Sharing; Residential Habilitation; Respite (15-minute or Day); Homemaker/Chore; In-Home and Community Supports; Behavioral Supports; Therapies; Shift Nursing; Consultative Nutritional Services; Communication Specialist and Specialized Supplies.</p> <p>Transportation is included in the rate cost of Supported Living 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 participant's service plan. The rate also includes Behavioral Support which may only be authorized as a discrete service when it's used to support a participant to access CPS 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 (see service definitions for 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>	This change corrects errors in the waivers and clarifies that participants who receive Supported Living may also receive separate and discrete Therapy services as well as Shift Nursing, Behavioral Supports, and Communication Specialist services in limited circumstances.
All ID/A Waivers	C-1/C-3	Music, Art and Equine Assisted Therapy	<i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i>	Changes were made to implement the public comment recommendation to increase to music, art, and equine assisted therapy. This will allow

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			The cumulative maximum limit of any combination of Music Therapy, Art Therapy, or Equine Assisted Therapy is 104 208 (15-minute) units which is equal to 26 52 hours per participant per fiscal year.	participants to utilize a one hour session once a week to optimize the benefits of these therapies.
All ID/A Waivers	C-1/C-3	Specialty Telehealth and Assessment Team	The services are limited to additional services not otherwise covered under the state plan, including EPSDT, and must be consistent with waiver objectives of avoiding institutionalization. This service may be delivered to the participant during temporary travel per ODP’s travel policy which is included in the Individual Support Plan Manual.	This change clarifies that the Specialty Telehealth and Assessment Team service can be delivered during temporary travel.
Consolidated and Community Living Waivers	C-1/C-3	Therapy Services	Participants authorized to receive Therapy services may not receive the direct portion of following services at the same time as this service: Community Participation Support; Shift Nursing; Consultative Nutritional Services; Benefits Counseling; Behavioral Support; Supported Living ; Supported Employment; Small Group Employment; Music, Art and Equine Assisted Therapy; Education Support and Transportation.	This change corrects an error in the waivers and clarifies that participants who receive Supported Living may also receive separate and discrete Therapy services.
P/FDS Waiver	C-4	Additional Limits on Amount of Waiver Services	<p>A \$47,000 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. • American Sign Language – Interpreter services will be excluded to assure effective communication for participants who need this service. • 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. 	<p>An interpreter service is being added to the waivers to ensure effective communication for participants who use American Sign Language.</p> <p>Information that is no longer current will be removed from the waivers.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • The limit can be exceeded temporarily to provide needed services for emergency care provision due to the COVID-19 pandemic. This temporary increase ends on 6/30/24 which is the last day of the full state fiscal year in which the Appendix K authority ends. • Participants enrolled in the P/FDS Waiver prior to July 1, 2023, can exceed the limit to maintain the number of Community Participation Support and/or Transportation Trip service units authorized in January 2020 or those authorized in the FY22-23 Individual Support Plan, whichever is greater. The purpose of this exception is to ensure that participants will not lose services due to the adoption of temporary enhanced rates for Community Participation Support and Transportation Trip as the fee schedule rates effective in November 2023. As such, maintenance of Community Participation Support units includes any services authorized to replace Community Participation Support. For example, if a participant was authorized for 400 units of Community Participation support in January 2020 and was then authorized for 400 units of In-Home and Community Support in June 2022 to replace Community Participation Support that has remained unavailable, the 400 units is the maximum amount of In-Home and Community Support and Community Participation Support the participant can receive under this exception. The exceptions will continue for these participants through June 30, 2025, as long as they remain enrolled in the P/FDS Waiver and the service plan does not exceed the approved exception level. This process will be monitored and reviewed by ODP or the AE. 	
Community Living Waiver	C-4	Additional Limits on Amount of	<p>A \$97,000 per person per fiscal year total limit is established for all Community Living Waiver services with an exception for:</p> <ul style="list-style-type: none"> • Supports Coordination 	An interpreter service is being added to the waivers to ensure effective communication for participants who use American Sign Language. Information

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change						
		Waiver Services	<ul style="list-style-type: none"> • American Sign Language - Interpreter services • The rate add-on outlined in Appendix I-2-a for participants receiving residential services from a Select or Clinically Enhanced provider <p>The limit can be exceeded temporarily to provide needed services for emergency care provision due to the COVID-19 pandemic. This temporary increase ends on 6/30/24 which is the last day of the full state fiscal year in which the Appendix K authority ends.</p>	<p>that is no longer current will be removed from the waivers.</p> <p>The rate add-on for Select and Clinically Enhanced providers of Residential Habilitation, Life Sharing, and/or Supported Living will be excluded from the fiscal year limit based on public comment.</p>						
All ID/A Waivers	E-1-g	Participant Direction of Services - Overview	<p><i>Participant-Directed Services. Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.</i></p> <table border="1" data-bbox="782 818 1854 937"> <thead> <tr> <th data-bbox="782 818 1209 857"><i>Waiver Service</i></th> <th data-bbox="1209 818 1497 857"><i>Employer Authority</i></th> <th data-bbox="1497 818 1854 857"><i>Budget Authority</i></th> </tr> </thead> <tbody> <tr> <td data-bbox="782 857 1209 937">American Sign Language – English Interpreter Service</td> <td data-bbox="1209 857 1497 937">X</td> <td data-bbox="1497 857 1854 937">X</td> </tr> </tbody> </table>	<i>Waiver Service</i>	<i>Employer Authority</i>	<i>Budget Authority</i>	American Sign Language – English Interpreter Service	X	X	An interpreter service is being added to the waivers to ensure effective communication for participants who use American Sign Language. This service can be delivered through self-directed services models.
<i>Waiver Service</i>	<i>Employer Authority</i>	<i>Budget Authority</i>								
American Sign Language – English Interpreter Service	X	X								
All ID/A Waivers	I-2-a	Rate Determination Methods	<p>3.Payment for vendor goods and services:</p> <p>*ODP reimburses vendor goods and services based on the cost charged to the general public for the good or service. Services reimbursed under this approach are: Home and Vehicle Accessibility Adaptations, Assistive Technology, Specialized Supplies, Remote Supports, Specialty Telehealth and Assessment Team, Education Support, Public Transportation, Participant Directed Goods and Services, Family/Caregiver Training and Support – registration and fees, and Respite Camp, and American Sign Language – English Interpreter.</p>	An interpreter service is being added to the waivers to ensure effective communication for participants who use American Sign Language. The waivers will pay what the provider charges to anyone who is not enrolled in the waivers.						