

**Addendum 1, Consolidated Waiver**

**Office of Developmental Programs  
Consolidated Waiver, #0147.91.R3**

**Appendix C-2: General Service Specifications**  
**Addendum to C-2 (c)(i)**

Types of Facilities Subject to §1616(e):

Type of Facility	Waiver Service(s) Provided in Facility	Facility Capacity Limit
Title 55 Chapter 6400	Licensed Residential Habilitation	Services are limited to licensed residential settings established after January 1, 1996, with a capacity of 4 or fewer individuals with mental retardation; and to settings established on or before January 1, 1996 with a licensed capacity of 10 or fewer individuals. ICF/MR settings with a licensed capacity of 10 or fewer residents which become established as a licensed community home through a waiver conversion process shall be eligible for waiver funding as long as the facility was ICF/MR certified for 10 beds or less on or prior to January 1, 1996.
Title 55 Chapter 3800	Licensed Residential Habilitation	Services are limited to licensed residential settings, established after January 1, 1996, with a capacity of 4 or fewer individuals with mental retardation; and to settings established on or before January 1, 1996 with a licensed capacity of 10 or fewer individuals.
Title 55 Chapter 5310	Licensed Residential Habilitation	Services are limited to licensed residential settings, established after January 1, 1996, with a capacity of 4 or fewer individuals with mental retardation; and to settings established on or before January 1, 1996 with a licensed capacity of 10 or fewer individuals.

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**Appendix H, Quality Management Strategy**  
**Addendum to H1**

**PA ODP Consolidated Waiver Application – Appendix H Quality Management**

		<b>H1</b>	<b>H1, H2, H3</b>	<b>H1</b>	<b>H1</b>	<b>H4</b>	<b>Not in place at waiver start date?</b>
	<b>Assurance Component</b>	<b>Discovery Activities/ Processes</b>	<b>Roles &amp; Responsibilities</b>	<b>Information Used &amp; How Information is used</b>	<b>Frequency of Measurement</b>	<b>How compile info (reports)? Frequency of communicating to (which) stakeholders</b>	<b>Action Plan (Timeline, milestones)</b>
1	An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	<p>A. AE OVERSIGHT (onsite review includes record reviews, interviews with waiver participants).</p> <p>B. Emergent issues (service reviews, incident reports, customer service line calls and complaints)</p>	<p>A. AE OVERSIGHT - Regional Office (RO) conducts reviews</p> <p>B. RO direct administrative entities to remediate issues or make process improvements</p>	<p>A. RO use AE OVERSIGHT results to determine compliance and direct AE to develop plan of correction (POC). RO verifies POC results.</p> <p>B. In addition to remediation, it is used to direct statewide process improvement including statewide training and policy or regulatory</p>	<p>A. Annual</p> <p>B. Ongoing</p>	<p>A. ODP RO AE reports; aggregate reports at RO and Central Office (CO) levels. Annual results analyzed and system improvements addressed in ODP Annual Plan. Annual Plan shared with Policy Advisory Committee (PAC) for feedback.</p>	<p>B. Automated reporting of emergent issues and follow-up to be implemented July 2008</p>

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				clarifications or revisions.			
2	The LOC of enrolled participants are reevaluated at least annually or as specified in the approved waiver.	AE OVERSIGHT (Onsite reviews of MR 250, <i>Certification of Need for ICF/MR Level of Care</i> , and MR 251, <i>Annual Recertification of Need for ICF/MR Level of Care</i> , for completion of LOC)	See 1A	See 1A	Annual	See 1A	See 1A
3	The process and instruments in the approved waiver are applied to LOC	AE OVERSIGHT (Individual records and the standardized assessment)	See 1A	See 1A	Annual	See 1A	See 1A
4	The state monitors LOC decisions and takes action to address inappropriate level of care	A. AE OVERSIGHT  B. Emergent issues (Service reviews and appeals)	See 1A  See 1B	See 1 A  See 1B	A. Annual  B. Ongoing	See 1A	See 1A See 1B  Use ODP medical staff review a sample of LOC evaluations

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	determinations.						beginning January 2008  Establish benchmark rate of application to enrollment July 2008
5	ISP's address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means (such as community resources).	<p>A. AE OVERSIGHT (including a records review and site visit)</p> <p>B. Emergent issues (Service reviews and appeals)</p> <p>C. Individual Emergency Status Form (IESF) requests</p> <p>D. PUNS status</p> <p>E. IM4Q</p>	<p>See 1A</p> <p>See 1B</p> <p>C. RO and CO Review of IESF requests.</p> <p>D. RO review of PUNS status for Consolidated waiver participants</p> <p>E. Independent Monitoring Teams conduct interviews, AE's and ODP review individual and systemic results</p>	<p>See 1 A</p> <p>See 1B</p> <p>C. To determine additional needs, and related funding.</p> <p>D. To determine unmet needs, and direct AE's remediate.</p> <p>E. Individual survey results and AE, Regional, and Statewide reports for analysis and improvement.</p>	<p>A. Annual</p> <p>B. Ongoing</p> <p>C. Ongoing</p> <p>D. Quarterly</p> <p>E. Annual interviews with approximately 1/3 of people receiving services</p>	See 1A	See 1A See 1B

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6	The state monitors ISP development in accordance with its policies and procedures and takes appropriate action when it identifies inadequacies in the SP development	A. AE OVERSIGHT B. Emergent issues	See 1A See 1B	See 1A See 1B	A. Annual B. Ongoing	See 1A	See 1A See 1B
7	ISPs are updated/revised at least annually or when warranted by changes in the waiver participant's needs	A. AE OVERSIGHT B. Emergent issues	See 1A See 1B	See 1A See 1B	A. Annual B. Ongoing	See 1A	See 1A See 1B
8	Services are delivered in accordance with the SP, including the type, scope, amount, duration and frequency specified in the	A. AE OVERSIGHT B. Emergent issues	See 1 A See 1B	See 1A See 1B	A. Annual B. Ongoing	See 1A	See 1A See 1B

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	ISP.						
9	Participants are afforded choice between waiver services and institutional care, and between/among waiver services and providers	<p>A. AE OVERSIGHT (Review of MR 457, <i>Home and Community-Based Service Preference Form</i>)</p> <p>B. Emergent issues</p> <p>C. IM4Q</p>	<p>See 1A</p> <p>See 1B</p> <p>C. Independent Monitoring Teams conduct interviews, AE's and ODP review individual and systemic results</p>	<p>See 1A</p> <p>See 1B</p> <p>C. Individual survey results and AE, Regional, and Statewide reports for analysis and improvement.</p>	<p>A. Annual</p> <p>B. Ongoing</p> <p>C. Annual interviews with approximately 1/3 of people receiving services</p>	See 1A	<p>See 1A</p> <p>See 1B</p> <p>New service preference bulletin to be implemented January 2008.</p>
10 & 11	The state verifies that providers meet required licensing and/or certification standards and adhere to other state standards prior to furnishing waiver services; the	<p>Annual licensing reviews</p> <p>AE OVERSIGHT</p> <p>Emergent Issues (incident and</p>	ODP RO	<p>Licensing Inspection Summary (LIS) used to determine full or provisional licensure or revocation by ODP CO.</p> <p>See 1A</p> <p>See 1B</p>	<p>Annual</p> <p>Annual</p> <p>Ongoing</p>	See 1A	<p>ISO (See Detailed Work plan)</p> <p>DPW Licensing Database to be developed by 2010 for full automated reporting of licensing data.</p>

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	state verifies on a periodic basis that providers continue to meet required licensure and/or certification standards and/or adhere to other state standards.	investigations)					
12	The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.	A. AE OVERSIGHT B. Emergent (Incident reports and investigations)	See 1A See 1B	See 1 A See 1B	A. Annual B. Ongoing	See 1A	ISO (See detailed work plan)
13	The state identifies and remediates situations where providers do not meet requirements.	Annual Licensing Reviews AE OVERSIGHT Emergent (Incident reports and investigations)	ODP RO See 1A See 1B	Licensing Inspection Summary (LIS) used to determine full or provisional licensure or revocation by ODP CO.  See 1A	Annual Ongoing	See 1A	See 1 A See 1B DPW Licensing Database to be developed by 2010 for full automated reporting of licensing data

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				See 1B  For unlicensed providers information can be used to sanction or disqualify depending upon the nature or severity of issues.			
14	The state implements its policies and procedures for verifying that provider training has been conducted in accordance with state requirements and the approved waiver.	See 10,11,12  (For this assurance emergent issues include certified investigations)	See 10,11,12	Licensing Inspection Summary (LIS) used to determine full or provisional licensure or revocation by ODP CO.  See 1A  See 1B	Annual  Ongoing	See 1A	See 10, 11, 12
15	There is continuous monitoring of health and welfare of waiver participants and remediation	See 12  (For this assurance emergent issues include certified investigations, and RO and CO review and analysis of incident management	See 12  RO Review of IM for risk analysis; CO review of RO reports.	See 12  IM Reports	Annual  Ongoing	See 12  Quarterly IM reports	See 12  Develop automated system to identify risk areas for individuals January 2008 (piloted January-

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	actions are initiated when appropriate.	for risk.) AE aggregate incident reports					June 2008) Annual reports to the PAC, starting for FY 2007-2008
16	The state, on an ongoing basis, identifies and addresses and seeks to prevent instances of abuse, neglect and exploitation	See 14	See 10, 11, 12, 14	See 10, 11, 12, 14	See 10, 11, 12, 14	See 10, 11, 12, 14	See 10, 11, 12, 14
17	The Medicaid agency retains ultimate authority and responsibility for the operation of the waiver by exercising oversight over the performance of waiver functions by other state and	AE OVERSIGHT  Emergent issues (potential AE failure to comply with Operating Agreements requirements, service reviews and provider disputes)  Review of provider agreements and contracts	See 1A  See 1B  RO and CO oversight of MA Agreements	See 1A  See 1B  RO informs AE of potential noncompliance and requires correction action  RO and CO review of MA Agreement spreadsheet and follow up with	Annual  Ongoing  Ongoing	See 1A	See 1A  See 1B  Continue enforcement of sanctions for AE noncompliance Ongoing  Develop automated service reviews and provider disputes quarterly and

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	local/regional non-state agencies and contracted entities.			AE's and providers who are out of compliance			annual reports July 2008  Collect 2007-2008 AE/Provider contracts, monitor against payments, and crosswalk with MA Agreement spreadsheet. Begin May 2007
18	Claims for federal financial participation in the costs of waiver services are based on state payments for waiver services that have been rendered to waiver participants, authorized in the service plan, and properly billed by qualified providers in	AE OVERSIGHT  Provider Disputes  Regular audits  Requested audits	See 1A  See 1B  DPW Bureau of Financial Operations (BFO) receives required audits from AE's  BFO conducts audits as requested by ODP	See 1A  See 1B  BFO reviews audits, sends MR portion to ODP CO for review  BFO audit reports used for reimbursement	Annual  Ongoing  Annual  Upon request	See 1A	See 1A  Develop automated service reviews and provider disputes quarterly and annual reports July 2008

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	accordance with the approved waiver.	Annual waiver expenditure and income and expenditure (I&E) reports	AE submits to ODP CO, who reviews and compiles 372 (373S) reports.	when claims were improperly paid  Reports reviewed for consistency and accuracy.	Annual		
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**Appendix H: Quality Management Strategy**  
**Addendum to H**

Office of Developmental Programs Detailed Work Plan  
 To Fulfill Requirements Related to the Consolidated and  
 Person/Family Directed Support Waivers

**ADMINISTRATIVE AUTHORITY**

***Activities Accomplished***

<b>Activity</b>	<b>Waiver</b>	<b>Outcome</b>	<b>Evidence of Completion</b>
2006/2007 and 2007/2008 Administrative Entity (AE) Operating Agreement	Both	<i>The delegation of specific waiver-related functions to AE's, while retaining oversight and administrative authority at the state level.</i>	<ul style="list-style-type: none"> <li>• ODP has received signed copies from each County MR Program and one alternative AE</li> </ul>
Service Review Procedures	Both	<p><i>Review of specific waiver appeals to ensure compliance with applicable policies and procedures.</i></p> <p><i>Ongoing statewide review and analysis of service reviews to identify statewide trends, and implement systems improvement (to include necessary changes to practices, policies, and/or regulations).</i></p>	<ul style="list-style-type: none"> <li>• Bulletin #00-05-06, effective October 1, 2005</li> <li>• Bulletin #00-06-13, effective July 1, 2006</li> <li>• 126 service reviews completed across the State from October 1, 2005 through June 30, 2007</li> </ul>
Provider Dispute Procedures	Both	<p><i>A conflict-free provider dispute resolution process.</i></p> <p><i>Review of disputes between AE's and waiver providers to ensure compliance with applicable policies</i></p>	<ul style="list-style-type: none"> <li>• Bulletin #00-06-02, effective October 1, 2005</li> <li>• Bulletin #00-06-14, effective July 1, 2006</li> <li>• 9 provider disputes completed across the State from October 1, 2005 through June 30, 2007</li> </ul>

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		<p><i>and procedures.</i></p> <p><i>Ongoing statewide review and analysis of disputes to identify statewide trends, and implement systems improvement (to include necessary changes to practices, policies, and/or regulations).</i></p>	
2006/2007 Standard AE/Waiver Provider Contract	Both	<p><i>Implementation of a standard contract, limited to claims processing, for FY 2006/2007 with all waiver providers to result in increased consistency and the elimination of non-statewide contractual requirements on waiver providers.</i></p>	<ul style="list-style-type: none"> <li>• Standard contract distributed on May 19, 2006. AE Operating Agreement mandates the use of the standard contract with all qualified waiver providers</li> </ul>
Standard State/Provider Agreement	Both	<p><i>Implementation of a standard ODP Medical Assistance Provider Agreement with all waiver providers to omit local requirements on waiver providers, increase consistency, and to comply with federal regulations.</i></p>	<ul style="list-style-type: none"> <li>• Distribution of Agreement on May 26, 2006</li> <li>• AE's instructed to not contract with waiver providers without signed agreement on July 26, 2006 and in October 2006 AE Academy sessions</li> <li>• All waiver providers will have a signed agreement with ODP</li> <li>• The AE Oversight process includes a review of the provider contracts to ensure all contracted waiver providers have a signed MA Agreement with ODP.</li> </ul>
Oversight of AEs	Both	<p><i>Implementation of a revised, continuous oversight process to retain ODP authority of the waivers, to ensure AE compliance with applicable policies and procedures, and to identify needed systems</i></p>	<ul style="list-style-type: none"> <li>• AE Oversight tool developed and finalized</li> <li>• Oversight sampling methodology finalized and approved by CMS</li> <li>• Regular performance reports established and delivered to AEs monthly</li> <li>• On-site reviews have commenced</li> </ul>

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		<p><i>improvements (to include necessary changes to practices, policies, and/or regulations).</i></p> <p><i>The new oversight process will replace ODP Monitoring of Counties, and will begin April 2007.</i></p>	
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### *Future/Ongoing Activities*

<b>Activity</b>	<b>Waiver</b>	<b>Outcome</b>	<b>Detailed Steps</b>	<b>Target Dates</b>
2007/2008 AE/Waiver Provider Contract	Both	<i>Implementation of a standard contract, limited to claims processing, for FY 2007/2008 with all waiver providers to result in increased consistency and the elimination of non-statewide contractual requirements on waiver providers.</i>	1. ODP will collect changes for 2007/2008 contract.	Through August 31, 2006
			2. Contract workgroup meetings.	September – October 2006
			3. Workgroup develops final draft	November 10, 2006
			4. External review of draft.	November 10 – December 15, 2006
			5. ODP will consider changes based on external review.	December 15 – 31, 2006
			6. CMS review of 2007/2008 contract if changed.	December 4-8, 2006
			7. ODP will make changes based on CMS feedback.	December 8-13, 2006
			8. ODP will submit the final 2007/2008 contract to CMS for approval.	By December 13, 2006
			9. ODP will distribute the final 2007/2008 contract to AEs and providers.	March 1, 2007
			10. ODP Regional Offices begin to collect signed AE/Provider contracts and compare to payments and the MA Agreement spreadsheet for evidence of completion.	May 2007
			11. 2007/2008 contracts effective.	July 1, 2007

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			12. All waiver providers will be submitting claims through PROMISe for services, and receiving payment directly from the PA Treasury starting July 1, 2009. This will eliminate the need for the AE/Provider contract.	July 1, 2009
Statewide Allocation Process to Access Services – Interim Process	Both	<i>Address the waiting list locally, contingent on the Governor’s Budget, for FY’s 2007/2008 and 2008/2009.</i>	1. Planning guidelines to serve Waiting List sent to Administrative Entities (AE) for Stage 2 FY 07-08 and Stage 1 FY 08-09	March 16, 2007
			2. Waiting List extract from HCSIS provided to AE	April 14, 2007
			3. AE prepares Stage 1 Plan for FY 08-09 including a public hearing and submits to ODP	June 15, 2007
			4. AE submits Stage 2 Plan based on Governor’s Executive Budget for FY 07-08 to ODP	June 15, 2007
			5. ODP will review Stage 2 Plans and allocate Waiting List funds appropriated by the Legislature for FY 07-08	October 31, 2007
			6. ODP will review Stage 1 Plans for FY 08-09 and will prepare Waiting List request for Governor’s Executive Budget for FY 08-09	November 30, 2007
			7. Governor’s Executive Budget announced	February 5, 2008
			8. Planning guidelines to serve Waiting List sent to Administrative Entities (AE) for Stage 2 FY 08-09	March 16, 2008
			9. Waiting List extract from HCSIS provided to AE	April 14, 2008
			10. AE submits Stage 2 Plan based on Governor’s Executive Budget for FY 08-09 to ODP	June 15, 2008
			11. ODP will review Stage 2 Plans and allocate Waiting List funds appropriated by the Legislature for FY 08-09	October 31, 2008

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Statewide Allocation Process to Access Services – Long Term Plan	Both	<i>A statewide methodology to address the waiting list, based on factors identified through a study by Pennsylvania State University. Begin implementation of the methodology in November 2008 for FY 2009/2010.</i>	1. Department of Public Welfare development of an agreement with Penn State University to undertake a long term care and developmental disabilities needs assessment and fiscal impact study	July 16, 2006
			2. Kick-off meeting between DPW and PSU	September 21, 2006
			3. Agreement approved between DPW and PSU	October 1, 2006
			4. PSU - Identify Availability of Services and Waiting List (Integrate data, geo-code client data, analyze spatial patterns)	October 5, 2007
			5. PSU - Document Current and Project Future Costs	October 19, 2007
			6. PSU - Documenting Social, Cultural and Environmental Factors (Literature review, stakeholder focus groups, analysis of results)	December 2007
			7. PSU - Population Projections (Data analysis, develop assumptions, test, public review of projections, final projections)	January 18, 2008
			8. PSU - Gauge Consumer Choice (Review literature and data, a client and a provider survey, analysis of results)	February 22, 2008
			9. PSU - Develop Predictive Model (Document processes, design, incorporate inputs, model scenarios, Beta test and train)	June 30, 2008
			10. ODP Prepares Waiting List request for Governor's Executive Budget for FY 09-10 based on PSU Study in order to ensure equitable access to the waiver statewide.	November 30, 2008
			11. Governor Announces Executive Budget	February 3, 2009
			12. Legislature Approves Budget	June 30, 2009
			13. ODP allocates Waiting List funding based on PSU Study and funds appropriated by the Legislature	September 1, 2009

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		14. Steps 10 through 13 would reoccur annually	Ongoing
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### MEETING THE NEEDS OF WAIVER PARTICIPANTS

#### *Activities Accomplished*

<b>Activity</b>	<b>Waiver</b>	<b>Outcome</b>	<b>Evidence of Completion</b>
Individual Support Plan (ISP) development and revision	Both	<i>ISP's are reflective of participants' needs, and are revised as necessary to address changes in need.</i>	<ul style="list-style-type: none"> <li>• 20,343 ISPs in HCSIS for waiver participants as of October 31, 2007</li> <li>• Operating Agreement includes requirements for ISPs</li> </ul>
Addressing changes in need	Both	<i>Changes in need of waiver participants are addressed through revisions to ISP's and funding.</i>	<ul style="list-style-type: none"> <li>• AE Operating Agreement includes requirements for addressing changes in need</li> <li>• AE Operating Agreement includes requirements for meeting needs of waiver participants</li> <li>• FY 2006/2007 and 2007/2008 contingency funds to use when increased funds are needed to address changes in need.</li> <li>• Individual Emergency Status Form process for AEs to request additional funds to address changes in need</li> <li>• Review of participants through AE Oversight</li> </ul>
Addressing Needs of Underserved Consolidated Waiver Participants	Consolidated	<i>The needs of the 792 "underserved" Consolidated Waiver participants are fully met by December 22, 2006.</i>	<ul style="list-style-type: none"> <li>• Funds allocated and services initiated to meet all assessed needs of the identified 792 Consolidated Waiver participants</li> </ul>
Increased Oversight of ISPs	Both	<i>Implementation of a revised, continuous oversight process to retain ODP authority over the content of ISP's, to ensure AE compliance with applicable policies and procedures, and to identify</i>	<ul style="list-style-type: none"> <li>• See "Oversight of AEs" in "Administrative Authority" section.</li> </ul>

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		<i>needed systems improvements (to include necessary changes to practices, policies, and/or regulations).</i>	
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### *Future/Ongoing Activities*

<b>Activity</b>	<b>Waiver</b>	<b>Outcome</b>	<b>Detailed Steps</b>	<b>Target Dates</b>
Administrative VF ISO/Participant- Directed Services	Both	<i>Increased equity across service models through a policy clarification by July 2007 and a waiver amendment of revised service definitions effective July 2008.</i>	<i>Comparability – Agency-Based vs. Non-Agency-Based</i>	
			1. Develop policy clarification regarding allowable costs in agency-based versus non-agency-based services.	By January 31, 2007
			2. Conduct an internal review of the clarification.	February 1 – 16, 2007
			3. Distribute the clarification to CMS for review and approval.	March 9 – April 17, 2007
			4. Rewrite the bulletin based on CMS review.	April 18 – May 2, 2007
			5. Conduct an internal review of the draft	August/September 2007
			6. Make necessary changes as per internal review	October 2007
			7. Distribute the clarification for a 30-day public comment period	November 2007
			8. Make any necessary changes based on public input	December 2007
			9. Develop a final draft and route for internal sign off	January 2008
	10. Distribute the policy as final	July 2009		
	Both	<i>Implementation of a statewide Vendor/Fiscal Intermediary Service Organization to increase consistency, and comply with federal requirements.</i>	<i>Request for Proposals</i>	
			1. ODP will develop the ISO IFB (Invitation for Bids).	July – November 2006
			2. ODP will release the IFB.	March 16, 2007
3. Proposals due to ODP.			April 2, 2007	
		4. The IFB evaluation team will review	April 2 – 18, 2007	

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		<i>The statewide VF ISO will be operational on July 1, 2007 for people not currently utilizing a county-contracted VF ISO; and January 1, 2008 for people currently utilizing a county-contract VF ISO.</i>	submitted proposals, and complete necessary paperwork.			
			5. ODP will re-bid the ISO IFB	July – August 2007		
			6. ODP develop a new Agency with Choice ISO bulletin.	By May 1, 2007		
			7. ODP will submit the bulletin to CMS for review.	May 2 – 30, 2007		
			8. ODP, with the assistance of Sue Flanagan, will make any necessary changes based on CMS comments.	June 1 – 15, 2006		
			9. ODP will issue the bulletin for a 30-day public comment period.	August/September 2007		
			10. ODP will review public comments and make necessary revisions to the bulletin.	October - December 2007		
			11. A vendor will be selected	December 2007		
			12. The contract with the selected vendor will be effective for start-up/transition.	January – March 2008		
			13. ODP will distribute the revised ISO bulletin, with an effective date of January 1, 2008.	February 2008		
			14. Implementation date for individuals <u>not</u> currently utilizing VF ISO services through a county-contracted VF ISO.	July 1, 2008		
			15. Implementation date for individuals currently utilizing VF ISO services through a county-contracted VF ISO.	January 1, 2009		
			Both	<i>Expanded budget authority to interested waiver participants.</i>  <i>Clarification of ODP policies related to participant direction of services.</i>	<i>Waiver Amendment – Appendix E</i>	
					1. Participant-Direction Workgroup meets to develop recommendations for amendment of Appendix E to allow for expanded budget authority for waiver participants/representatives.	June 2006 – May 2007

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			2. Final Workgroup recommendations are presented to ODP Deputy Secretary.	January 31, 2007
			3. ODP internal review and discussion of recommendations.	February 1-16, 2007
			4. ODP will make any necessary changes based on the internal review.	February 17 – 23, 2007
			5. ODP will develop a revised Appendix E, draft policies and procedures to support expanded participant direction, and draft training materials.	July 1, 2007
			6. ODP will conduct an internal review of the revised Appendix E, policies, and training materials.	September 2007
			7. ODP will make changes based on the internal review.	October 2007
			8. ODP will distribute the revised Appendix E, policies, and training materials for public comment.	May – June 2008
			9. ODP will make changes based on the public comments.	July – August 2008
			10. ODP will route the final Appendix E for internal sign off.	September 2008
			11. ODP will develop a communication strategy, finalize the training, and make arrangements for training.	September 2008
			12. ODP will submit the waiver amendment (Appendix E) to CMS.	October 2008
			13. Negotiations between ODP and CMS.	October – December 2008
			14. ODP will conduct training and disseminate information packets.	January – March 2009
			15. Effective date of the revised Appendix E.	July 1, 2009

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	Both	<i>Development and implementation of HCSIS structures and safeguards to support participant direction.</i>	<i>HCSIS Changes to support administrative VF ISO and Participant-Direction of services</i>	
			1. Level of effort completed for necessary changes and resources assigned.	August 2007
			2. Development of requirements.	August – January 2008
			3. General system design.	January – March 2008
			4. Deployment of system.	April – June 2008
			5. Software release.	July 2008
Statewide Needs Assessment	Both	<i>Agreement with AAMR to implement SIS as the statewide needs assessment in the PA MR System.</i>	<i>Contract with American Association on Mental Retardation</i>	
			1. Cost negotiations with AAMR.	November 2006
			2. Finalize contract with AAMR for use of Supports Intensity Scale as the PA standardized needs assessment.	December 2006
	Both	<i>Long term, to have all waiver participants assessed using the standard needs assessment.</i>  <i>Assessment procedures will include the following:</i> <ul style="list-style-type: none"> <li>• <i>Formal process to inform participants how to report changes in need;</i></li> <li>• <i>Reassessment based on changes in need;</i></li> <li>• <i>How reassessment results in a revised budget; and</i></li> <li>• <i>Procedures for supports coordinators in how to address service requests.</i></li> </ul>	<i>Request for Proposals for Assessment Implementation</i>	
			1. Finalize and release the IFB.	March 15, 2007
			2. Proposals due, and evaluated by IFB review team.	April 18, 2007
			3. Contract signed with selected independent contractor.	September 2007
			4. Contract effective date for ramp-up period for contractor.	October 2007
			5. SIS assessments begin as per final ODP rollout strategy.	October 2007
			6. Rollout plan implemented.	February 2008

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			7. Distribution of final policies and procedures for implementation of the SIS (to include those noted in the 'outcomes' column).	March/April 2008
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**PROVIDER ENROLLMENT AND AGREEMENTS**

*Activities Accomplished*

<b>Activity</b>	<b>Waiver</b>	<b>Outcome</b>	<b>Evidence of Completion</b>
Standard State/Provider Agreement	Both	<i>Implementation of a standard ODP Medical Assistance Provider Agreement with all waiver providers to omit local requirements on waiver providers, increase consistency, and to comply with federal regulations.</i>	<ul style="list-style-type: none"> <li>• Distribution of Agreement on May 26, 2006</li> <li>• AE's instructed to not contract with waiver providers without signed agreement on July 26, 2006 and in October 2006 AE Academy sessions</li> <li>• All waiver providers will have signed agreements with ODP</li> </ul>
Opportunity to enroll for all qualified waiver providers	Both	<i>All interested, qualified, chosen waiver providers are afforded an opportunity to enroll as waiver providers.</i>	<ul style="list-style-type: none"> <li>• Operating Agreement requirements to contract with qualified providers with signed state/provider agreement in Sections 7.1 and 7.2</li> <li>• Service Review Procedures effective October 1, 2005 include review of appeals related to denial of qualified service providers</li> <li>• Provider Dispute Procedures effective October 1, 2005 include review of AE refusals to contract</li> </ul>

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### *Future/Ongoing Activities*

<b>Activity</b>	<b>Waiver</b>	<b>Outcome</b>	<b>Detailed Steps</b>	<b>Target Dates</b>
Statewide Qualification of Waiver Providers	Both	<p><i>Development and implementation of a statewide process to qualify waiver providers, and new qualification criteria.</i></p> <p><i>The timeline for beginning statewide provider qualification is January 2008.</i></p>	1. ODP pilot of statewide provider qualification standards and process. AE's continue to qualify waiver providers as per Operating Agreement (section 5.2) using the criteria outlined in the current approved waivers.	August 31, 2006
			2. Evaluation of pilot materials and process.	November 15, 2006
			3. External review of pilot.	February 2007
			4. ODP will make necessary revisions to the provider qualification standards and process based on evaluation and review.	April 15, 2007
			5. ODP will develop the final draft of a provider qualification policy.	August 2007
			6. ODP will conduct an internal review of the policy.	August 2007
			7. ODP will make any necessary changes to the policy based on internal review.	August/September 2007
			8. Distribute the policy for public comment.	September/October 2007
			9. Make any necessary changes as a result of public comment.	October - December 2007
			10. Distribute the policy as final.	December 2007
			11. Effective date of policy (Mandatory provider qualification begins).	January 2008

### **FINANCIAL ACCOUNTABILITY**

#### *Activities Accomplished*

<b>Activity</b>	<b>Waiver</b>	<b>Outcome</b>	<b>Evidence of Completion</b>
2006/2007 Interim Rate Setting	Both	<i>Implementation of statewide interim rate setting procedures for FY</i>	<ul style="list-style-type: none"> <li>• Training of AE's, providers, and individuals/families on rate setting procedures</li> </ul>

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Procedures		2006/2007.	<p>and spreadsheets in January and February 2006</p> <ul style="list-style-type: none"> <li>• Bulletin 00-06-06 released, effective March 8, 2006</li> <li>• Distribution of final 2006/2007 rate setting spreadsheets in March, 2006</li> <li>• AEs and providers used the rate setting spreadsheets and bulletin to develop rates for fiscal years 2006/2007 and 2007/2008</li> </ul>
Procedures for Rate Setting Disputes	Both	<i>A conflict-free provider dispute resolution process.</i>	<ul style="list-style-type: none"> <li>• Bulletin 00-06-14 establishes the ODP Provider Dispute Resolution Protocol</li> </ul>
Rate Setting Analysis for 2006/2007	Both	<p><i>The identification of variances in rates, their drivers, and remedies to impact variances for future FY's.</i></p> <p><i>Development of standardized rate setting spreadsheets, based on rate analysis, and distribution by January 2007.</i></p>	<ul style="list-style-type: none"> <li>• Conducted analysis of rates entered into HCSIS, along with in-depth review through interviews with providers and administrative entities</li> <li>• Analysis report finalized</li> <li>• Analysis results used to modify service definitions and rate setting spreadsheets</li> <li>• New service definitions established in Bulletin 00-07-03</li> <li>• Revised spreadsheets distributed on January 17, 2007</li> <li>• HCSIS/DW tools developed to enable large-scale rate analysis</li> </ul>

### *Future/Ongoing Activities*

<b>Activity</b>	<b>Waiver</b>	<b>Outcome</b>	<b>Detailed Steps</b>	<b>Target Dates</b>
Exclusion of Room and Board from Residential Waiver Costs	Consolidated	<i>Based on the outcome of Pennsylvania's appeal regarding room and board interpretation,</i>	1. ODP will maintain sufficient records to enable the categorization of all costs related to occupancy to allow CMS to make decisions on eligibility for federal financial participation.	Ongoing

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		<i>Pennsylvania will, at the request of CMS, submit to CMS for approval a revised allocation methodology.</i>	2. Should ODP's position on occupancy be upheld in whole or in part upon appeal, claims for occupancy-related costs will be paid based on an allocation methodology approved by CMS.	Contingent on CMS decision on Pennsylvania's appeal
			3. Should ODP's position on occupancy be denied in whole or in part upon appeal, Pennsylvania agrees to identify all claims that included the denied occupancy and make restitution.	Contingent on CMS decision on Pennsylvania's appeal
Initial analysis of rates, outliers, and rate setting procedures	Both	<i>The analysis of rates, identification of variances in rates, and refinement of rate setting spreadsheets and policies and procedures.</i>	1. Continue evaluation of provider costs and other data sources.	April 2008
			2. Refine rate setting spreadsheets and develop preliminary uniform cost reports.	April 2008
			3. Outreach to stakeholders regarding development and implementation of the prospective payment system.	Ongoing
			4. Train providers and administrative entities on cost reports.	May/June 2008
			5. Identify and begin analysis of outliers.	June 2008
			6. Refine procedures to support the new cost reports.	June 2008
			7. Commence testing of the cost reports.	July 2008
Refinement of rate setting procedures and policies	Both	<i>Evaluation of the testing period to refine cost reports and rate setting procedures.</i>	1. Evaluate preliminary cost reports.	January 2009
			2. Evaluate interim rate setting procedures.	March 2009
			3. Assess pre-implementation activities and make final adjustments for July 2009 implementation.	March 2009
			4. Evaluate changes to HCSIS to support the prospective payment system.	March – June 2009

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			5. Release final rate setting procedures.	June 2009
Increased AE Financial Accountability	Both	<p><i>Increased financial accountability through the completion of ODP financial management rollout, which will result in all waiver providers billing through PROMISE and receiving payment directly from PA Treasury.</i></p> <p><i>Implementation of additional financial management monitoring mechanisms through HCSIS/DW and PROMISE.</i></p>	1. Coordinate training for all ODP providers to bill for services through HCSIS.	Through June 2007
			2. Collect rates resulting from ODP rate setting methodology in HCSIS for all waiver services to inform analysis.	Through June 2007
			3. Conduct implementation activities for 30 counties not processing claims through PROMISE: <ul style="list-style-type: none"> <li>a. Provide instructor-led training and support for financial management activities.</li> </ul>	By July 1, 2007
			4. Complete authorization of individual support plans, including services, units, rates for service, and number of units for all AE's.	Through June 2008
			5. Continue enrollment of remaining 20 percent of ODP providers in PROMISE to support claims processing.	Through June 2008
			6. Waiver providers will be submitting claims through PROMISE for services.	July 1, 2008
			7. All waiver providers will be submitting claims through PROMISE for services, and receiving payment directly from the PA Treasury starting July 1, 2009. This will eliminate the need for the AE/Provider contract.	July 1, 2009
			8. Training and guidance to administrative entities regarding cost reports and audit	March 2008 through June 2009

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			requirements.	
			9. Continue financial accountability monitoring, including implementation of standard audit procedures.	Beginning July 2009
			10. Develop financial management analysis capabilities based on changes to HCSIS.	July 2009 – June 2010

### QUALITY MANAGEMENT

#### *Future/Ongoing Activities*

<b>Activity</b>	<b>Waiver</b>	<b>Outcome</b>	<b>Detailed Steps</b>	<b>Target Dates</b>
Establish QM Strategy Structure	Both	<i>Establishment of an ODP QM Strategy Structure to review data, identify trends and system improvements, and make necessary changes to practices, policies, and/or regulations.</i>	1. Determine membership of ODP Leadership Board to oversee the ODP QM Strategy.	December 31, 2006
			2. Convene ODP Leadership Board.	January 31, 2007
			3. Determine membership of Central Office Waiver Assurance Oversight Group.	January 31, 2007
			4. Establish schedule for Leadership Board, Central Office and Regional Waiver Assurance Oversight Groups to meet.	January 31, 2007
			5. ODP Leadership Group establishes QM Strategy protocol for each of the Oversight Groups.	February 14, 2007
			6. Convene Central Office Waiver Assurance Oversight Group.	March 27, 2007
			7. Convene Regional Waiver Assurance Oversight Groups.	May 31, 2007
Develop Annual Plan	Both	<i>Production of an annual ODP QM Plan to provide information related to the review and analysis of statewide data, and to make necessary changes to</i>	1. ODP Leadership Group establishes indicators for baseline plan.	January 31, 2007
			2. Develop template for annual plan.	August 2007
			3. Share template with Planning Advisory Committee for comment.	November 2007
			4. Revise plan based on feedback, and	January 2008

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		<i>practices, policies, and/or regulations.</i>	finalize annual plan template.	
			5. Compile data to inform the annual plan report.	January 31, 2008
			6. Conduct analysis of data, including the identification of system improvements (for example, policy and regulatory clarifications or revisions, procedural changes, etc.).	February 28, 2008
			7. Finalize the annual plan report.	March 31, 2008
			8. Share annual plan report with stakeholders.	April 30, 2008
			9. Repeat steps 1 to 6 on an annual basis.	Ongoing
Develop QM Supporting Reports and Processes	Both	<i>Development and implementation of structures, procedures, and reports to support and inform the ODP QM Strategy, and to identify necessary changes to practices, policies, and/or regulations.</i>	1. Submit revised service preference bulletin to CMS for review and approval.	January 2007
			2. Begin collecting signed AE/Waiver Provider contracts for 2007-2008, compare against payment, and crosswalk with MA Agreement spreadsheet.	May 2007
			3. Develop exceptions report to identify ISP's not updated within 365 days for ongoing monitoring by ODP.	July 2007
			4. Implement interim ODP aggregate licensing database.	July 2007
			5. Develop enhanced sanction procedures for FY 2008/2009 AE Operating Agreement.	November 2007
			6. Contract with clinical professionals to review level of care evaluations and reevaluations.	January 2008
			7. Implement the new service preference procedures.	January 2008
			8. Develop an automated system to identify levels of risk for individuals.	January 2008
			9. Develop enhanced analysis capacity and follow up protocol.	January 2008

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			10. Develop HCSIS/PROMISe rejection report to detect patterns of billing rejections for follow up and audits.	January 2008
			11. Pilot risk tool.	January – June 2008
			12. Develop an automated reporting system for emergent issues and follow up.	July 2008
			13. Establish a benchmark of waiver application to waiver enrollment.	July 2008
			14. Develop an automated service review and provider dispute system, including follow up and quarterly and annual reports.	July 2008
			15. Evaluate Personal Risk Screening and develop requirements to build tool in HCSIS.	July – December 2008
			16. Implement Personal Risk Screening statewide	July 2009
			17. Implement the DPW Licensing Certification System in ODP.	July 2010