

Consolidated Waiver, Person/Family Directed Support Waiver, Administrative, and Base-Funded Services Definitions Narrative

General Comments

Consolidated Waiver and Person/Family Directed Support (P/FDS) Waiver services are available to people with mental retardation aged three and older. However, services funded by the waivers are **not** available to people while they are living or staying in public or private Intermediate Care Facilities for the Mentally Retarded (ICFs/MR), nursing homes, residential treatment facilities, correctional facilities, drug and alcohol facilities, or hospitals.

The total cost of P/FDS services provided to any person in a fiscal year may not exceed the individual cost limit established in the current P/FDS waiver, or amendment. There is no similar cost limit associated with the Consolidated Waiver. There may be cost or unit limitations for specific services. These limits are noted with the specific services to which they apply.

Licensed residential services, which include Child Residential Services, Community Residential Rehabilitation Services for the Mentally Ill, Community Homes for Individuals with Mental Retardation, and Family Living Homes, are **only** available through the Consolidated Waiver and base funds.

None of the waiver-funded services discussed in this document may be provided to people in their residences if the residences are provider-owned, leased, or rented and serve more than ten people. Services may be provided to people who live in licensed residential settings established prior to January 1, 1996, with a licensed capacity to provide services to 10 or fewer unrelated individuals, or in homes established on or after January 1, 1996, with a licensed capacity to provide services to 4 or fewer unrelated individuals. Services may be provided to individuals who reside in ICFs/MR of 10 beds or less that have converted to waiver-funded homes. The only exception to this rule applies to P/FDS participants residing in Personal Care Homes (PCHs). Individuals residing in licensed PCHs (55 PA Code Chapter 2600) with 11 or more residents with a move-in date for the PCH prior to July 1, 2008 may receive P/FDS Waiver services. The move-in date applies to the PCH where the person is residing and may not be transferred to a new home.

The need for services must be established through assessment processes and needed services and supports must be documented in Individual Support Plans (ISPs).

In recognition of requirements to ensure individuals' health and welfare, to enable

the achievement of the purpose of the service, to individualize services, and to account for differences in service delivery regulations and/or methods specific to different service settings, some of the services have unique sets of modifiers. The modifiers consist of multiple levels of staff-to-individual support ratios or support by staff that may have had special training and/or experience. While providing a framework through which the health and welfare needs of individuals can be ensured and outcomes can be achieved, modifiers also provide options to individuals and families who may choose enriched and/or more creative programs made possible through lower staff-to-individual ratios.

Services by Legally Responsible Individuals, Relatives, and Legal Guardians

Legally responsible individuals and relatives/legal guardians may be paid to provide services funded through the Waivers on a service-by-service basis. A legally responsible individual is a person who has legal obligation under the provisions of law to care for another person, including parents of minors (natural or adoptive), spouses, and legally-assigned relative caregivers of minor children. A relative is any of the following who have not been assigned as legal guardian for the individual with mental retardation: a parent (natural or adoptive) of an adult, a stepparent of an adult child, grandparent, brother, sister, half-brother, half-sister, aunt, uncle, niece, nephew, adult child or stepchild of a parent with mental retardation, or adult grandchild of a grandparent with mental retardation. For the purposes of this policy, a legal guardian is a person not affiliated with a provider agency who has legal standing to make decisions on behalf of a minor or adult (e.g. a guardian who has been appointed by the court). Legally responsible individuals and relatives/legal guardians may be paid to provide Waiver services when the following conditions are met:

- The service provided is not a function that the legally responsible person, relative, or legal guardian would normally provide for the individual without charge in the usual relationship among members of a nuclear family;
- The service would otherwise need to be provided by a qualified provider of services funded under the waiver; and
- The service is provided by a legally responsible person, relative, or legal guardian who meets the qualification criteria that are established by ODP in Appendix C-3 of the approved Waivers.

Services that legally responsible individuals and relatives/legal guardians can provide are limited to the following: Home and Community Habilitation (Unlicensed), Supported Employment - Job Finding and Job Support, Transportation (Mile), Transportation (Trip), Home Finding (Consolidated Waiver only), and Personal Support Services. Relatives/legal guardians may also provide respite services only when the relative/legal guardian does not live in the same household as the waiver participant and when the conditions listed above are met. Legally responsible individuals may not provide respite services.

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Payments to legally responsible individuals, relatives, and legal guardians who provide services are made through a Financial Management Services (FMS) agent or agency provider. Payments are based upon time sheets submitted by the legally responsible individual/relative/legal guardian to the FMS agent or agency provider and approved for payment by the Administrative Entity (AE). The AE and the FMS agent or agency provider are responsible to ensure that payments are only made for services that are authorized on the participant's approved ISP.

Home and Community Services

Home and Community Services are direct services provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community. These services may only be provided through the Waivers when the AE determines they are necessary to prevent institutionalization.

Home and community services may be provided to people in their own home or in other residential or community settings not subject to licensing regulations. Home and community services may be provided to residents of certain residential settings, such as Domiciliary Care Homes, when these homes have a licensed capacity of ten or fewer unrelated persons. Home and Community Habilitation may be provided to Personal Care Home (PCH) residents who receive non-waiver funding and to participants in the Person/Family Directed Support (P/FDS) Waiver with a move-in and enrollment date **prior to** July 1, 2008. PCH residents with a move-in and enrollment date **on or after** July 1, 2008, are only eligible for the P/FDS Waiver if the PCH has a licensed capacity of ten or fewer unrelated persons. Please note that Waiver-funded home and community services may not be used to fund the services that the PCH or Domiciliary Care Home is required to provide to the person.

There may be multiple uses of the same service or service type (ex. Day services) with different providers within a person's ISP as long as there is documented need and there are no conflicts or overlaps in regards to day and/or time of service. Services that are in the same category (ex. Supported Employment and Transitional Work or Unlicensed Home and Community Habilitation and Residential Habilitation) may not be provided on the same day during the same time. For example, a person may participate in activities that are community-based and receive Home and Community Habilitation from 6:00 PM to 9:00 PM, Monday through Friday to satisfy an outcome of participating in a community resource. The same person could also be provided with Supported Employment, scheduled Monday through Friday from 11:30 AM to 3:30 PM to support him/her in achieving an outcome of independent employment. This person could not, however, receive the Supported Employment service, Monday through Friday, 11:30 AM – 3:30 PM and Prevocational Services, Monday through Friday, 9:00 AM – 2:30 PM as this is an overlap of services.

Bundled Transportation Services

When agency-based providers of Residential Habilitation and Home and Community Habilitation transport people to services/activities specified in their ISPs, the transportation costs may be included in the Habilitation rate. Agency-based providers that provide Prevocational Services, Transitional Work Services, or Licensed Day Habilitation may only incorporate transportation costs into their rate when the transportation is necessary for involving people in activities that

are integral to these services. An example is transportation that originates from a provider site to a community activity or function that is part of the overall program of activities of the provider.

Home and Community Habilitation

Home and Community Habilitation is a direct service (face-to-face) that consists of services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Habilitation may be provided up to 24 hours a day to ensure the individual's health and welfare, based on the needs of the individual. This is a service that may be provided to people in their own home or in other residential or community settings not subject to licensing regulations. **This service is not a licensed residential service.** For licensed residential services, see Residential Home and Community Habilitation Licensed Homes.

Entrance fees to events and membership fees are not covered under this service. Camp day or overnight may only be provided under respite.

Through the provision of this service individuals learn, maintain, or improve skills through their participation in a variety of everyday life activities. They learn and use skills in the context of these activities; this can be considered a functional approach to the delivery of services. These activities must be necessary for individuals to live in the community, to live more independently, or to be more productive and participatory in community life. Services must be provided in a manner that ensures the person's health and welfare.

In addition to supporting individuals in activities typically associated with those occurring in their homes and the immediate community, the Home and Community Habilitation service may also be used to provide staff assistance to support individuals in the following ways:

1. Habilitation provided in home and family settings that are not subject to Department licensing or approval, when the provider of habilitation meets established requirements/qualifications.
2. Support that enables the individual to access and use community resources such as instruction in using transportation, translator and communication assistance, and companion services to assist the individual in shopping and other necessary activities of community life.
3. Support that assists the individual in developing financial stability and security, such as assistance in arranging for disability-related work incentives and plans for achieving self-support; general banking; assistance in beginning a business enterprise; personal and estate planning; balancing accounts; preparing income taxes; and recordkeeping.

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4. Support that enables an individual to participate in community projects, associations, groups, and functions, such as support that assists an individual to participate in a volunteer association or a community work project.
5. Support that enables an individual to visit with friends and family in the community, such as the support of a personal care worker.
6. Support that enables an individual to participate in public and private boards, advisory groups, and commissions.
7. Support that enables the individual to exercise rights as a citizen, such as assistance in exercising civic responsibilities.
8. Support that enables the individual to benefit from the participation of friends, relatives, and advocates as part of the individual's support planning team. Reimbursement to support program planning team members shall be limited to the cost of the members' travel to and from meetings, subsistence, phone charges, and orientation/training. Travel and subsistence allowances shall be held to the ceiling established by the Department for its employees.

This service should be coordinated with any service(s) that may be provided in the Specialized Therapies and Nursing Services category to ensure consistency in services to people across service settings.

Services similar to behavior support can be provided under Home and Community Habilitation utilizing a minimum of staff support level two (W7059, W7060, or W7061).

Waiver-funded home and community habilitation services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

The code and service units for Home and Community Habilitation follow:

W7057		Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	15 minutes
W7058		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	15 minutes
W7059		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	15 minutes
W7060		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7061		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	15 minutes

Residential Habilitation – Unlicensed Homes

Unlicensed Residential Habilitation is a direct service (face-to-face) that consists of services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. This service is provided to people who live in provider-owned, leased, rented community homes that do not require licensure because they serve three or fewer individuals who are 18 years of age or older and who need a yearly average of 30 hours or less of direct habilitation service per week per home; and family living homes that do not require licensure because they serve two or fewer individuals who are 18 years of age or older and who need a yearly average of 30 hours or less of direct training and assistance per week per home, from the agency, the AE or County Program, or the family.

Support is provided to assist individuals in acquiring, maintaining, and improving self-help, domestic, socialization, and adaptive skills. The difference between unlicensed Home and Community Habilitation and unlicensed Residential Habilitation is that a housing component is included in the residential services.

The code and service units for Unlicensed Residential Habilitation follow:

W7226		Eligible	Unlicensed community residential service costs that are eligible for Waiver funding.	½ month
W7227		Ineligible	Unlicensed community residential service costs that are not eligible for Waiver funding.	½ month

Residential Home and Community Habilitation – Licensed Homes

Licensed Residential Habilitation is a direct and indirect service provided in licensed residential settings. Services are provided to assist individuals in acquiring, retaining, and improving self-help, socialization, and adaptive skills. Services must meet regulatory requirements of homes licensed under the 55 Pa. Code Chapters 3800, 5310, 6400, or 6500. Please note that Licensed Residential Home and Community Habilitation may **not** be provided in Domiciliary Care Homes and Personal Care Homes.

Services may not be provided to people who live in licensed residential settings established prior to January 1, 1996, with a licensed capacity to provide services to more than ten unrelated individuals, or in homes established on or after January 1, 1996, with a licensed capacity to provide services to more than four unrelated individuals. Services may be provided to individuals who reside in ICFs/MR of ten beds or less that have been converted to waiver-funded homes. The size limitations do not apply to base-funded residential services.

Residential Habilitation – Licensed Residential Habilitation services are

only available through the Consolidated Waiver and base funds.

Services consist of support to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Residential habilitation is provided for 24 hours a day based on the need of the individual receiving services. The difference between unlicensed Home and Community Habilitation and Licensed Residential Habilitation is that a housing component is included in the residential service. **Licensed residential services that may be funded through the Consolidated Waiver exclude homes on campus settings. All homes must be integrated and dispersed in the community.**

Waiver-funded Licensed Residential Home and Community Habilitation may only be provided in Pennsylvania.

Child Residential Services (The residential section of 55 Pa. Code Chapter 3800, Child Residential and Day Treatment Facilities)

The 55 Pa. Code Chapter 3800 services that may be funded through the Consolidated Waiver are limited to residential service settings. Child residential services provided in secure settings, detention centers, and residential treatment facilities accredited by JCAHO may not be funded through the Consolidated Waiver.

The code and service units for Child Residential Services follow:

W7097		Eligible	Child residential service costs that are eligible for Consolidated Waiver funding.	½ month
W7098		Ineligible	Child residential service costs that are not eligible for Consolidated Waiver funding.	½ month

Community Residential Rehabilitation Services for the Mentally III (CRRS), (55 Pa. Code Chapter 5310)

CRRS are characterized as transitional residential programs in community settings for people with chronic psychiatric disabilities. This service is full-care CRRS for adults with mental retardation and mental illness. Full-care CRRS for adults is a program that provides living accommodations for people who are psychiatrically disabled and display severe community adjustment problems. A full range of personal assistance and psychological rehabilitation is provided for individuals in a structured living environment. **Host homes are excluded.**

The code and service units for Community Residential Rehabilitation Services for the Mentally III follow:

W7202		Eligible	Community residential rehabilitation service costs that are eligible for Consolidated	½ month
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			Waiver funding.	
W7203		Ineligible	Community residential rehabilitation service costs that are not eligible for Consolidated Waiver funding.	½ month

Family Living Homes (55 Pa. Code Chapter 6500)

Family Living Homes are somewhat different than other licensed homes as these settings provide for lifesharing arrangements. People live in host family homes and are encouraged to become contributing members of the family unit. Family living arrangements are chosen by people and families in conjunction with host families and in accordance with the person’s needs. Licensed Family Living Homes are limited to homes in which one or two individuals with mental retardation who are not family members or relatives of the home owner are living. The primary family living provider is eligible for substitute care to provide relief for the provider, based on the needs of the person and the family living provider. Substitute care shall be reflected in the individual’s support plan. Payment for substitute care is made by the family living provider to the substitute care provider.

The code and service units for Family Living Homes follow:

		Adult Family Living		½ month
W7208		Eligible	Family living service costs that are eligible for Consolidated Waiver funding.	
W7209		Ineligible	Family living service costs that are not eligible for Consolidated Waiver funding.	
		Child Family Living		½ month
W7214		Eligible	Family living service costs that are eligible for Consolidated Waiver funding.	
W7215		Ineligible	Family living service costs that are not eligible for Consolidated Waiver funding.	

Community Homes for Individuals with Mental Retardation (55 Pa. Code Chapter 6400)

A licensed community home is a home licensed under 55 Pa. Code Chapter 6400 where services are provided to people with mental retardation. A community home is defined in regulations as, “A building or separate dwelling unit in which residential care is provided to one or more individuals with mental retardation....”

The code and service units for Community Homes for Individuals with Mental Retardation follow:

W7220		Eligible	Community residential service costs that are eligible for Consolidated Waiver funding.	½ month
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W7221		Ineligible	Community residential service costs that are not eligible for Consolidated Waiver funding.	½ month
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Licensed Day Services

Licensed Day Habilitation (55 Pa. Code Chapter 2380), Adult Training Facilities and Older Adult Day Services (6 Pa. Code Chapter 11)

This is a direct service (face-to-face) that must meet the regulatory requirements of 55 Pa. Code Chapter 2380, Adult Training Facilities or 6 Pa. Code Chapter 11, Older Adult Day Services. Services consist of supervision, training, and support in general areas of self-care, communication, community participation, and socialization. Areas of emphasis include: therapeutic activities, fine and gross motor development, mobility, personal adjustment, use of community resources, and relationship development.

Waiver-funded licensed day habilitation services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

The code and service units for Adult Training Facilities follow:

W7072		Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	15 minutes
W7073		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	15 minutes
W7074		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	15 minutes
W7075		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7076		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	15 minutes

The code and service units for Older Adult Day Services follow:

W7094		Licensed Day Habilitation Services – Older Adult Day Service (6 Pa. Code Chapter 11)	This service is made available to older individuals with mental retardation in licensed Older Adult Day services. Waiver-funded Older Adult Day services may be provided by Pennsylvania-based providers in contiguous states or by out-of-state providers in contiguous states, with written approval by the ODP Regional Office.	15 minutes
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Prevocational Service (55 Pa. Code Chapter 2390), Vocational Facilities

This is a direct service (face-to-face) that must meet the regulatory requirements of 55 Pa. Code Chapter 2390, Vocational Facilities when the service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973, as amended, or section 602 (16) and (17) of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1401 [16 and 17]).

Services consist of work experience and other developmental work training activities designed to promote movement into a higher level vocational program. Activities include:

- Training designed to teach job-related skills;
- Personal and work adjustment training designed to develop appropriate worker traits and teach an understanding of the work environment; and
- Assessments of an individual's vocational aptitude and potential.

Handicapped employment as defined in 55 Pa. Code Chapter 2390 may not be funded through the waivers.

Documentation must be maintained in the person’s file to satisfy assurances that the service is not otherwise available through a program funded under the Rehabilitation Act of 1973 as amended and IDEA.

Waiver-funded prevocational services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

The code and service units for Prevocational Service follow:

W7087		Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:15.	15 minutes
W7088		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:15 to 1:7.5.	15 minutes
W7089		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:7.5 to >1:1.	15 minutes
W7090		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7091		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	15 minutes

Supports Coordination Services

Supports Coordination is a critical service that involves the primary functions of locating, coordinating, and monitoring needed services and supports for waiver participants. Locating services and supports consists of assistance to the participant and his or her family in linking, arranging for, and obtaining services specified in an Individual Support Plan (ISP), including needed medical, social, habilitation, education, or other needed community services. Activities included under the locating function include all of the following, in addition to the documentation of activities:

- Participate in the ODP standardized needs assessment **process** to inform development of the ISP, including any necessary ISP updates;
- Facilitate the completion of additional assessments, based on participants' unique strengths and needs, for planning purposes and ISP development in order to address all areas of needs and the participant's strengths and preferences;
- Coordinate the development of the ISP;
- Assist the participant in identifying people to serve as part of the ISP team, and offer support to invite other people who may contribute valuable information during the planning process;
- Assist the participant and his or her family in identifying and choosing willing and qualified providers;
- Inform participants about unpaid, informal, generic, and specialized services and supports that are necessary to address the identified needs of the participant and to achieve the outcomes specified in the ISP;
- Provide information to participants on fair hearing rights and assist with fair hearing requests when needed and upon request; and
- Assist participants in gaining access to needed services and entitlements, and to exercise civil rights.

Coordinating consists of development and ongoing management of the ISP in cooperation with the participant, his or her family, members of the ISP team, and providers of service. Activities included under the coordinating function include all of the following, in addition to the documentation of activities:

- Use a person centered planning approach and a team process to develop the participant's ISP to meet the participant's needs in the least restrictive manner possible;
- Use information from the ODP standardized needs assessment, as well as any additional assessments completed based on the unique needs of the participant, to develop the ISP to address all of the participant's needs;
- Periodic review of the ISP with the participant, including update of the ISP at least annually and whenever a participant's needs change;

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- Periodic review of the standardized needs assessment through a face-to-face visit with the participant, at least annually or more frequently based on changes in a participant's needs, to ensure the assessment is current;
- Coordinate support planning with providers of service to ensure consistency of services;
- Coordinate with other program areas as necessary to ensure all areas of the participant's needs are addressed;
- Contact with family, friends, and other community members to coordinate the participant's natural support network;
- Facilitate the resolution of barriers to service delivery and civil rights; and
- Disseminate information and support to participants and others who are responsible for planning and implementation of services.

Monitoring consists of ongoing contact with the participant and their family, and oversight, to ensure services are implemented as per the participant's plan. Activities included under the monitoring function include all of the following, in addition to the documentation of activities:

- Monitor the health and welfare of participants through regular contacts at the minimum frequency outlined in Appendix D-2-a of this Waiver;
- Monitor ISP implementation through monitoring visits with the participant, at the minimum frequency outlined in Appendix D-2-a of this Waiver;
- Visit with the participant's family, when applicable, and providers of service for monitoring of health and welfare and support plan implementation;
- Respond to and assess emergency situations and incidents and assure that appropriate actions are taken to protect the health and welfare of participants;
- Evaluate participant progress;
- Monitor participant and/or family satisfaction with services;
- Arrange for modifications in services and service delivery, as necessary to address the needs of the participant, and modify the ISP accordingly;
- Ensure that services are appropriately documented in HCSIS on the ISP;
- Work with the authorizing entity regarding the authorization of services;
- Communicate the authorization status to ISP team members, as appropriate;
- Validate that service objectives and outcomes are consistent with the participant's needs and desired outcomes;
- Advocate for continuity of services, system flexibility and integration, proper utilization of facilities and resources, accessibility, and participant rights; and
- Participate in activities related to Independent Monitoring for Quality, such as obtaining consent to participate from the participant, preparing survey information, and follow up activities ("closing the loop").

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In addition to locating, coordinating, and monitoring, Supports Coordination also includes providing information and assistance in order to help participants decide whether to select participant direction of services, and assistance for participants who opt to direct services. Activities include all of the following, in addition to the documentation of activities:

- Provide participants with information on participant direction, including the potential benefits and risks associated with directing services, during the planning process and upon request;
- Assist with the transition to the participant direction service delivery model if the participant is interested in this model, and ensure continuity of services during transition;
- Assist the participant in designating a surrogate¹, as desired, as outlined in Appendix E-1-f of this Waiver; and
- Provide support to participants who are directing their services, such as assistance with managing participant-directed services specified in the ISP.

The following activities are **excluded** from Supports Coordination as a billable Waiver service:

- Outreach that occurs before an individual is enrolled in the Waiver;
- Intake for purposes of determining whether an individual has mental retardation and qualifies for Medical Assistance;
- Direct Prevention Services, which are used to reduce the probability of the occurrence of mental retardation resulting from social, emotional, intellectual, or biological disorders;
- General information to participants, families, and the public that is not on behalf of a waiver participant;
- Travel expenses of the Supports Coordinator may not be billed as a discrete unit of service;
- Services otherwise available under Medicaid and Early Intervention;
- Services that constitute the administration of foster care programs;
- Services that constitute the administration of another non-medical program such as child welfare or child protective services, parole and probation functions, legal services, public guardianship, and special education;
- Direct delivery of medical, educational, social, or other services
- Delivery of medical treatment and other specialized services including physical or psychological examinations or evaluations;
- The actual cost of the direct services other than Supports Coordination that the Supports Coordinator links, arranges, or obtains on behalf of the participant;
- Transportation provided to participants to gain access to medical appointments or direct Waiver services other than Supports Coordination;
- Representative payee functions;

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- Conducting Medicaid eligibility certification or recertification, intake processing, Medicaid pre-admission screening for inpatient care, prior authorization for Medicaid services, and Medicaid outreach (methods to inform or persuade individuals to enter into care through the Medicaid system); and
- Assistance in locating and/or coordinating burial or other services for a deceased participant.

Supports Coordination services may not duplicate other direct Waiver services.

The code and service units for Supports Coordination Services follow:

W7210		Supports Coordination Services	Locating, coordinating, and monitoring needed services and supports for waiver participants.	15 minutes
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Personal Support Services

This is a direct and indirect service provided to people with mental retardation who are self-directing their services through either employer authority (hiring/managing workers) or budget authority (determining worker salaries, shifting funds between approved services and/or providers). Services are provided to assist people in planning, organizing, and managing community resources and supports. This service is limited to the following functions:

- Assistance in identifying and sustaining a personal support network of family, friends, and associates;
- Assistance in arranging for and effectively managing generic community resources and informal supports;
- Assistance at meetings to ensure the person’s access to quality community resources;
- Assistance in identifying and developing community resources to preserve the person’s well being in the home and community; and
- Technical assistance and support with employer-related responsibilities (associated with employer authority).

Personal Support Services workers must work collaboratively with the person’s Supports Coordination provider. Mandated Supports Coordination functions of locating, coordinating, and monitoring of waiver services are excluded from Personal Support Services. Personal Support Services are different from Supports Coordination and no duplicate payments will be made.

Waiver funding may only be used for this service when the person is self-directing services through employer and/or budget authority.

Waiver-funded personal support services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

The code and service units for Personal Support Services follow:

W7096		Personal Support Services	Direct and indirect services provided to people with mental retardation who are self-directing their services through either employer authority (hiring/managing workers) or budget authority (determining worker salaries, shifting funds between approved services and/or providers). Services are provided to assist people in planning, organizing, and managing community resources and supports.	15 minutes
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Employment Services

Supported Employment Services

Supported employment services are direct and indirect services designed to find and support individuals in community employment work sites with coworkers who are not disabled. People must receive minimum wage or higher.

Supported employment services consist of paid employment for persons who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment is provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision, and training required by the individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services rendered under the waiver are only available if they are not available under a program funded by either the Rehabilitation Act of 1973 as amended, or IDEA. Documentation must be maintained in the file of each individual receiving these services to satisfy the state assurance that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 as amended or IDEA.

Federal Financial Participation through the waivers may not be claimed for incentive payments, subsidies, or unrelated vocational expenses such as the following:

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- a. Incentive payments made to an employer of individuals receiving services to encourage or subsidize the employer's participation in a supported employment program;
- b. Payments that are passed through to individuals receiving supported employment; or
- c. Payments for vocational training that are not directly related to an individual's supported employment program.

Supported employment services consist of two components: job finding and job support. Job finding may include but is not limited to interview assistance, employer outreach and orientation, resume preparation, job searching, and preparation for job tasks. Other examples of activities that may be associated with job finding include participation in individual planning for employment; development of job seeking skills; development of customer-specific job skills; employment-related personal skills instruction; job analysis; support to learn job tasks; outreach with prospective employers on behalf of the individual including consultation on tax advantages and other benefits; and consultation on behalf of an individual with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, and provider networks under Ticket to Work.

Job support consists of training individuals in job assignments, periodic follow-up and/or ongoing support with individuals and their employers. The service must be necessary for individuals to maintain acceptable job performance and work habits including assistance in learning new work assignments, maintaining job skills, and achieving performance expectations of the employer. Other examples of activities that may be associated with job support include direct intervention with an employer, participation in individual planning for employment, support to relearn job tasks, coordination of financial issues, training to assist individuals in using transportation to and from work, maintenance of appropriate work and interpersonal behaviors on the job, follow-along services at the work site after OVR funded services are discontinued, and technical assistance and instruction for the individual's coworkers that will enable peer support.

Ongoing use of the service is limited to support for individuals that cannot be provided by the employer through regular supervisory channels and/or on-the-job resources that are available to employees who are not disabled.

Waiver-funded supported employment services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

The code and service units for Supported Employment follow:

W7235		Job Finding/Job Support	Services directed towards supporting individuals in transition to integrated competitive employment through work that occurs in a location other than a facility	15 minutes
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			subject to Title 55, Chapter 2390. The Supported Employment worker may have a maximum caseload of 20 individuals.	
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Transitional Work Services

Transitional Work Services consist of supporting individuals in transition to integrated, competitive employment through work that occurs in a location other than a facility subject to 55 Pa. Code Chapters 2380 or 2390. Transitional work service options include, but are not limited to, mobile work force, work station in industry, affirmative industry, and enclave. A Mobile Work Force uses teams of individuals, supervised by a training/job supervisor, who conduct service activities away from an agency or facility. The provider agency contracts with an outside organization or business to perform maintenance, lawn care, janitorial services, or similar tasks and the individuals are paid by the provider. A Work Station in Industry involves individual or group training of individuals at an industry site. Training is conducted by a provider training/job supervisor or by a representative of the industry, and is phased out as the individual(s) demonstrates job expertise and meets established production rates. Affirmative Industry is operated as an integrated business, where employees with and without disabilities work together to carry out the job functions of the business. Enclave is a business model where disabled individuals are employed by a business/industry to perform specific job functions while working alongside workers without disabilities.

This service may not be funded through either waiver or through base allocation if it is available to individuals under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602 (16) and (17) of IDEA. Documentation must be maintained in the file of each individual receiving these services to satisfy the state assurance that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 as amended or IDEA.

Waiver-funded transitional work services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

The code and service units for Transitional Work Service follow:

W7237		Base Staff Support	The provision of the service at a staff-to-individual ratio range of <1:10 to >1:6.	15 minutes
W7239		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	15 minutes
W7241		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	15 minutes
W7243		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7245		Level 3	The provision of the service with a staff	15

		Enhanced	member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	minutes
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Respite Services

Respite services consist of services which are provided on a short-term basis due to the absence or need for relief of those persons normally providing care. Respite services are provided to relieve the individual’s primary caregiver. Services are limited to people residing in their own (unlicensed) home or the (unlicensed) home of a relative, friend, or other family. Respite services are not available to individuals residing in licensed or unlicensed residential homes.

Individuals can receive two categories of respite services: 24-hour overnight respite and temporary respite. Overnight respite is provided in segments of day (24-hour) units and includes overnight care. Temporary respite is provided in segments of time known as sessions. A session is billed in 15-minute units, and is comprised of a period of time less than 24 hours, not to include overnight care. Overnight respite for waiver participants is limited to 30 days per individual per fiscal year, except when extended by an ODP Regional Office waiver. Temporary respite for waiver participants is recommended at a maximum of four sessions per month, but this limit may be adjusted by the AE based on individual needs. Respite for individuals receiving non-waiver services is limited to a total of 4 weeks (28 days) per individual per fiscal year, except when extended by an ODP Regional Office waiver. The 4-week limit includes both Overnight and Temporary Respite.

When there is an ongoing and regular need for the relief of caregivers, the more appropriate service is Home and Community Habilitation where there is the expectation that individuals will receive a service that is of greater benefit to them than basic care and supervision. Respite services do not cover the care provided to a minor child when the primary caregiver or legally responsible individual is absent due to work.

Federal and State financial participation through the **waivers** is limited to:

1. Services provided for individuals residing in their own unlicensed home or the unlicensed home of relative, friend, or other family. Respite services are not available for individuals who reside in licensed or unlicensed agency-operated homes.
2. Thirty days of overnight respite per individual in a period of one fiscal year except when extended by an ODP Regional Office waiver pursuant to Family Resource Services Regulations, 55 Pa. Code Chapter 6350.16.

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3. Temporary respite up to a recommended maximum of four times per month, but this limit may be adjusted by the AE based on individual needs.
4. Room and board costs associated with respite provided in a setting approved (licensed or accredited) by the State. Room and board costs are excluded from respite services when the service is provided in a setting that is not licensed or accredited. If there are room and board costs for these settings, they may be funded through the ineligible codes listed below.

Respite services may only be provided in the following location(s):

- Recipient's home or place of residence located in Pennsylvania.
- Licensed or approved foster family home located in Pennsylvania.
- Licensed community or family living home located in Pennsylvania.
- Unlicensed home of an individual or provider meeting the qualifications.
- Other community settings such as summer camp where the setting meets applicable state or local codes and the provider of service meets the provider qualifications established by the Department.

Respite billed under the following codes may **not** be provided in Nursing Homes, Hospitals, or ICFs/MR. Respite may be provided in hospitals and nursing homes through base funding under Respite Care (Medical Environment).

Waiver-funded respite services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

The code and service units for In-Home Respite – 24 Hours follow:

This service is provided in segments of 24-hour units and includes overnight care. This service is provided in the private homes of people with mental retardation or the private homes of their family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families and subject to provider qualification criteria.

W7247		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	Day
W7248		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	Day
W7249		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	Day
W7250		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	Day

The code and service units for In-Home Respite – 15 Minutes follow:

This service is provided in segments of less than 24 hours in individuals' private homes or in the private homes of family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families. This does not prohibit supporting individuals' participation in activities in the community during the period of respite.

There is no requirement for the regular caregiver to be absent from the setting in which respite is provided.

W7255		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	15 minutes
W7256		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	15 minutes
W7257		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7258		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	15 minutes

Respite – Out of Home, 24 Hours

This service is provided in 24-hour segments in licensed (3800, 5310, 6400 and 6500) homes. There is no prohibition of the support of individuals' participation in activities in the community during the period of respite.

The code and service units for Out of Home Respite – 24 Hours follow:

W7259		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	Day
W7260		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	Day
W7261		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	Day
W7262		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	Day

Respite – Out of Home, 15 minutes

This service is provided on a less than 24-hour overnight basis in licensed (3800, 5310, 6400, 6500) residential homes.

The code and service units for Out of Home Respite – 15 minutes follow:

W7267		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	15 minutes
W7268		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	15 minutes
W7269		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7270		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	15 minutes

Respite – Overnight Camp

Overnight Camp respite services are direct services to meet contractual requirements that are provided in overnight camp settings to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care.

The code and service units for Respite – Overnight Camp follow:

W7285		Respite – Overnight Camp	This service is provided in 24-hour segments in residential camp settings. Respite in overnight camps is not contingent upon an emergency situation.	Day
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Respite – Day Camp

Day camp services are direct services to meet contractual requirements that are provided in day camp settings to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care.

The code and service units for Respite – Day Camp follow:

W7286		Respite – Day Camp	This service is provided in segments of less than 24-hours in day camp settings. Respite in day camps is not contingent upon an emergency situation.	15 minutes
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Respite – Ineligible (Room and Board) Costs

Room and board costs are excluded from Waiver-funded respite services when the service is provided in a setting that is not licensed or accredited by the State. If there are room and board costs for these settings, they may be funded through

the ineligible codes listed below.

The code and service units for Respite – Ineligible Costs follow:

W8400		Respite – Ineligible Costs, 15 minutes	This code is used for the ineligible (room and board) portion of respite services that are provided in settings that are not licensed or accredited by the State.	15 minutes
W8401		Respite – Ineligible Costs, 24 hours	This code is used for the ineligible (room and board) portion of respite services that are provided in settings that are not licensed or accredited by the State.	Day

Transportation Service

Transportation services are provided to enable people to access Waiver and other community services and resources specified in their approved individual support plans.

This includes transportation that is provided by Habilitation (Unlicensed, Residential, and Day), Prevocational Service and Transitional Work Service providers who transport people to and from their homes and provider sites and do not incorporate transportation costs into the rate for the Habilitation, Prevocational, or Transitional Work service. It is **not** transportation that is built into the rate for the Habilitation, Prevocational, or Transitional Work service.

Waiver-funded transportation services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

Transportation services consist of Transportation (Mile), Transportation (Trip), Transportation (Per Diem), and Public Transportation, as defined below.

Transportation (Mile)

This transportation service is provided by providers, family members, and other licensed drivers for using vehicles to transport the person to services and resources specified in the person’s ISP. The unit of service is one mile. The reimbursement rate may not exceed the current reimbursement rate established for Commonwealth employees for such purposes.

When transportation is provided to more than one individual at a time, the total number of units of service that are to be provided are equitably divided among the individuals for whom transportation is provided. Mileage reimbursement to providers is limited to situations where transportation costs are not included in

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the provider's rate for services.

The code and service units for Transportation (Mile) follow:

W7271		Transportation (Mile)	Transportation by providers, family members, and other licensed drivers for using vehicles to transport the person to services and resources specified in the person's approved individual support plan.	Per mile
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Public Transportation

Public transportation services are provided to individuals to enable them to gain access to services and resources specified in their ISPs. The utilization of public transportation promotes self-determination and is made available to individuals as a cost-effective means of accessing services and activities.

Public transportation tokens and transit passes may be purchased by the AE, Supports Coordination Organizations, AE contracted payment agents, Financial Management Services agents (also known as Intermediary Service Organizations), or providers of service.

Tokens/passes that are purchased for a person may be provided to the person on a daily, weekly or monthly basis.

The code and service units for Public Transportation follow:

W7272		Public Transportation	Public transportation costs to enable people to access services and resources specified in the person's approved individual support plan.	Outcome based
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Transportation – Per Diem

This is transportation provided to a person by provider agencies for non-emergency purposes that is reimbursed on a per diem basis to provide people with access to services, resources, and activities specified in their ISPs.

The code and service units for Transportation – Per Diem follow:

W7273		Transportation (per diem)	Non-emergency transportation provided by provider agencies, in order to enable people to access services and resources specified in their ISPs.	Day
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Transportation – Trip

Transportation provided to people for which costs are determined on a per trip

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basis. A trip is either transportation to a service/resource from a person's home or from the service/resource to the person's home. Taking a person to a service/resource and returning the person to his/her home is considered two trips or two units of the transportation (trip) service.

The code and service units for Transportation – Trip follow:

W7274		Zone 1	A defined geographical area that is the shortest distance from the service site.	Per trip
W7275		Zone 2	A defined geographical area that represents a middle distance from the service site.	Per trip
W7276		Zone 3	A defined geographical area that is the longest distance from the service site.	Per trip

Home Finding Services

Home Finding services consist of support that enables an individual to locate and maintain a home, such as assistance in financial planning, arranging for or moving utility hook-ups, managing home responsibilities, arranging for home modifications and repairs, making monthly payments, and assisting the individual to purchase home security devices such as beepers which are necessary to ensure the individual's health and well-being.

Financial support that constitutes a room and board expense is excluded from federal financial participation in the waivers.

Home Finding Services are only eligible through Consolidated Waiver and base funding.

The code and service units for Home Finding follow:

W7277		Home Finding	Services that provide support that enables an individual to locate and maintain a home.	15 minutes
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Environmental Accessibility Adaptations

Environmental accessibility adaptations consist of certain modifications to the home or personal vehicle(s) of the person (including homes and vehicles owned by parents/relatives with which the person resides) that are necessary due to the person's disability. Home modifications consist of installation, repair and maintenance of the modification, extended warranties for the modification, and when necessary to comply with rental/lease agreements, return of the property to its original condition. General household and vehicle repairs, maintenance, and warranties that are not related to the modification are excluded from this service. Adaptations that add to the total square footage of the home are excluded from

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this benefit, except adaptations to bathrooms that are necessary to complete the adaptation (e.g., necessary to configure a bathroom to accommodate a wheelchair). Durable medical equipment is excluded from this service.

Maximum state and federal funding participation is limited to \$20,000 per household, which includes adaptations to any personal vehicles used by the person/family while residing in that household. A new \$20,000 limit can be applied when the person moves to a new home.

All modifications to homes and vehicles will be provided by qualified individuals. All modifications to homes must be provided in accordance with applicable building codes.

The waiver cannot be used to purchase vehicles for waiver recipients, their families or legal guardians; however, modifications to household vehicles can be included as a part of the vehicle purchase price. **These adaptations funded through the waivers are limited to the following:**

- Vehicular lifts.
- Interior alterations such as seats, head and leg rests, and belts.
- Customized devices necessary for the individual to be transported safely in the community, including driver control devices.

The code and service units for Vehicle Accessibility Adaptations follow:

W7278		Environmental Accessibility Adaptations (Vehicles)	Adaptations to vehicles for improved access and/or safety. Maximum state participation for vehicle and home adaptations is limited to \$20,000 per household.	Outcome based
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Modifications to a household subject to funding under the waivers are limited to the following items:

- Ramps from street, sidewalk or house, including portable vehicle ramps.
- Handrails and grab-bars in and around the home.
- That part of a smoke/fire alarm or detection system adapted for individuals with sensory impairments.
- Outside railing from street to home.
- Widened doorways, landings, and hallways.
- Kitchen counter, major appliance, sink and other cabinet modifications.
- Bathroom modifications for bathing, showering, toileting and personal care needs.
- Bedroom modifications of bed, wardrobe, desks, shelving, and dressers.
- Stair gliders and elevating systems.
- Workroom modifications to desks and other working areas.

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- Climate and environmental control modifications prescribed by a physician.

The code and service units for Home Accessibility Adaptations follow:

W7279		Environmental Accessibility Adaptations (Homes)	Adaptations to homes for improved access and/or safety. Maximum state participation for vehicle and home adaptations is limited to \$20,000 per household.	Outcome based
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Adaptive Appliances and Equipment

Services consist of specially designed appliances and devices needed for the person to live as independently as possible in the home and community. Services are limited to adaptive eating utensils, cooking and cleaning devices, personal care items not defined as durable medical equipment, communication devices, and environmental control devices.

All devices and appliances must be recommended by a qualified mental retardation professional or health care provider. Instruction in the use of the device or appliance must be assured, and is eligible as part of the Adaptive Appliance and Equipment service. Cost of the repair, maintenance, and extended warranty of the adaptive appliance or device is included as an allowable expense reimbursable through the waiver.

The following devices and appliances are excluded from Federal and State financial participation under the waivers:

- Instructional supplies, workbooks, and material used as a habilitation or training aid to the provider;
- Durable medical equipment; and
- Home modifications and adaptations that are affixed to the individual's home.

The code and service units for Adaptive Appliances and Equipment follow:

W7280		Adaptive Appliances and Equipment	The purchase or modification of adaptive appliances or equipment for increased functional involvement of people in their activities of daily living.	Outcome based
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Permanency Planning Services

Permanency planning services are a set of activities specified in the individual support plan which are designed to assist children 18 years of age and younger

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to live in families that offer continuity of relationships with nurturing parents and caregivers and the opportunity to maintain lifelong relationships.

Permanency planning activities consist of:

- Identification of minor children in ICFs/MR, other residential settings, and living with their family who are lacking a permanent family relationship or who are at risk of ICF/MR placement.
- Assessment of children and families to determine the conditions, if any, under which family reunification and permanency can occur.
- Development of a permanency plan with the birth family, or if this is not possible and in the best interest of the child, with extended family, an adoptive family, or a host family.
- Preparation of families and the child for permanency, including a home study.
- Liaison with local agencies, the school system, and the court to arrange adoptions or other permanency arrangements.
- Post adoption or permanency support for up to one year after an adoption or other permanency arrangement is made.

Federal financial participation is excluded under the waivers when services are available under Title IV-E of the Subsidized Adoption Act.

Permanency Planning Services are only eligible through Consolidated Waiver and base funding.

The code and service units for Permanency Planning Services follow:

W7281		Permanency Planning Services	Services to assist children (18 years of age or younger) with mental retardation to live in families that offer continuity of relationships. This service is not eligible in the P/FDS Waiver.	15 minutes
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Homemaker/Chore Services

Homemaker services consist of services to enable the individual or the family with whom the individual resides to maintain their private residence. This service can only be provided when a household member is temporarily absent or unable to manage the home, or when no landlord or provider agency staff is responsible to perform the homemaker activities. Services must be provided by a qualified homemaker and may include cleaning and laundry, meal preparation, and other general household care.

Chore services consist of services needed to maintain the home in a clean,

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sanitary, and safe condition. This service can only be provided in the following situations:

- Neither the individual, nor anyone else in the household, is capable of performing or financially providing for the function; and
- No other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision.

Chore services consist of heavy household activities such as washing floors, windows, and walls; tacking down loose rugs and tiles; moving heavy items of furniture in order to provide safe access and egress; ice, snow, and/or leaf removal; and yard maintenance. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. Maintenance in the form of upkeep and improvements to the individual's residence is excluded from federal financial participation.

This service is limited to \$2,000 per person per fiscal year.

The code and service units for Homemaker/Chore follow:

W7283		Homemaker/Chore	Indirect services including household cleaning and homemaker activities. This service is limited to \$2,000 per person per fiscal year.	Hour
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Education Support Services

Education support services consist of special education and related services as defined in Sections (15) and (17) of IDEA to the extent that they are not available under a program funded by IDEA. Educational support services may consist of general adult educational services including community college, university or other college-level courses, classes, and/or tutoring to receive a General Educational Development (GED) degree.

Education Support Services are only eligible through Consolidated Waiver and base funding.

The code and service units for Education Support Services follow:

W7284		Education Support Services	Support, in the form of payment, for education courses and training to the extent that they are not available under a program funded by IDEA.	Outcome based
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Therapies and Nursing Services

This category of services includes therapies and nursing services. The therapy services include Physical Therapy, Occupational Therapy, Speech and Language Therapy, Behavior Therapy, and Visual/Mobility Therapy. These therapies are limited to the codes, services and units specified. **Services similar to behavior support can be provided under Home and Community Habilitation utilizing a minimum of staff support level two (W7059, W7060, or W7061). Services similar to Nutritional Consultation may be provided by a nurse, but cannot be provided by a dietician.**

Providers of therapies and nursing services deliver services directly to the individual receiving services and/or supervise others who are assigned to assist in the administration of a particular therapeutic regimen. The therapy or nursing provider may also be responsible for ensuring that others assigned to provide this assistance receive appropriate supervision, orientation and training. The need for therapies and nursing services will be documented by a written assessment by a qualified professional in the individual's support plan. These assessments are also subject to federal and state financial participation under the waiver.

Physical Therapy, Occupational Therapy, Speech and Language Therapy, Nursing Services and the Behavior Therapies are medical services and may only be funded through the waiver or base allocation when the State Medical Assistance Plan (State Plan) or private insurance limitations have been reached, or when the service is not covered under the State Plan or private insurance. A denial letter from medical assistance fee-for-service or managed care and any other third party insurance must be received prior to any healthcare related services being provided.

Waiver-funded therapy and nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.

Physical Therapy

Physical therapy includes services provided by a licensed physical therapist based on documentation or a prescription for a specific therapy program by a physician. The Physical Therapy Practice Act, Act 110 of 1975, as amended December 1985 defines physical therapy as follows: "...the evaluation and treatment of any person by the utilization of the effective properties of physical measures such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, mobilization, and the use of therapeutic exercises and rehabilitative procedures including training in functional activities, with or without assistive devices, for the purpose of limiting or preventing disability and

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alleviating or correcting any physical or mental conditions, and the performance of tests and measurements as an aid in diagnosis or evaluation of function.”

The code and service units for Physical Therapy follow:

T2025	GP	Physical Therapy	Physical therapy provided by a licensed physical therapist based on documentation or a prescription for a specific therapy program by a physician.	15 minutes
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Occupational Therapy

Occupational Therapy includes services provided by a registered occupational therapist based on documentation or a prescription for a specific therapy program by a physician. The Occupational Therapy Practice Act, Act 140 of 1982, defines occupational therapy as follows: “The evaluation of learning and performance skills and the analysis, selection and adaptation of activities for an individual whose abilities to cope with the activities of daily living, to perform tasks normally performed at a given stage of development and to perform essential vocational tasks which are threatened or impaired by that person’s developmental deficiencies, aging process, environmental deprivation or physical, psychological, injury or illness, through specific techniques which include: (1) Planning and implementing activity programs to improve sensory and motor functioning at the level of performance for the individual’s stage of development. (2) Teaching skills, behaviors and attitudes crucial to the individual’s independent, productive and satisfying social functioning. (3) The design, fabrication and application of splints, not to include prosthetic or orthotic devices, and the adaptation of equipment necessary to assist patients in adjusting to a potential or actual impairment and instructing in the use of such devices and equipment. (4) Analyzing, selecting and adapting activities to maintain the individual’s optimal performance of tasks to prevent disability.”

The code and service units for Occupational Therapy follow:

T2025	GO	Occupational Therapy	Occupational therapy provided by a registered occupational therapist based on documentation or a prescription for a specific therapy program by a physician.	15 minutes
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Speech and Language Therapy

Speech/Language Therapy includes services provided by a licensed speech therapist or certified audiologist upon examination and recommendation by a certified audiologist or licensed speech therapist. The Commonwealth of Pennsylvania, 49 Pa. Code Chapter 45, Professional and Vocational Standards, State Board of Examiners in Speech-Language and Hearing provides the following service descriptions:

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“Practice of audiology – The evaluation, counseling, habilitation and rehabilitation of individuals whose communication disorders center in whole or in part in the hearing function, including the prevention, identification, examination, diagnosis and treatment of conditions of the human auditory system, and including the examination for, and adapting of amplification or assistive devices.”

“Practice of speech-language pathology – The evaluation, counseling, habilitation and rehabilitation of individuals whose communicative disorders involve the functioning of speech, voice or language, including the prevention, identification, examination, diagnosis and treatment of conditions of the human speech-language system, and including the examination for, and adapting and use of assistive devices.”

The code and service units for Speech and Language Therapy follow:

T2025	GN	Speech and Language Therapy	Speech/Language Therapy provided by a licensed speech therapist or certified audiologist upon examination and recommendation by a certified audiologist or licensed speech therapist.	15 minutes
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Behavior Therapy

Behavior Therapy includes services provided by a licensed psychologist or psychiatrist based on an evaluation by a licensed psychologist or psychiatrist. Behavior Therapy is defined as the treatment, by psychological means, of the problem of an emotional nature in which a trained person deliberately establishes a professional relationship with an individual, in an attempt to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and promote positive personality growth and development.

The code and service units for Individual and Group Behavior Therapy follow:

T2025	HE		Individual therapy which consists of face-to-face insight-oriented, behavior modifying and/or support in an office or outpatient facility.	15 minutes
T2025	HE, HQ		Interactive group psychotherapy.	15 minutes

Visual/Mobility Therapy

Visual/Mobility Therapy includes services provided by a trained visual or mobility specialist/instructor based on an evaluation and recommendation by a trained mobility specialist/instructor. This therapy is for individuals who are blind or have visual impairments. The provision of therapy is for the purpose of increasing individuals' travel skills and/or access to items used in activities of daily living.

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This service may include evaluation and assessment of individuals and the environments in which they interact, direct service (face-to-face) to individuals, and training of people who support the individuals. The provision of this service may result in recommendations for adapting environments or purchasing adaptive appliances.

The code and service units for Visual/Mobility Therapy follow:

W7246		Visual/Mobility Therapy	Evaluation and consultation for people with mental retardation who are blind or have visual impairments.	15 minutes
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Nursing Services

Nursing includes services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime. The 49 Pa. Code Chapter 21 Professional & Vocational Standards, State Board of Nursing defines nursing as: “Diagnosing and treating human responses to actual or potential health problems through such service as case finding, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The term does not include acts of medical diagnosis or prescription of medical, therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board.”

The code, service units and modifiers for Nursing Services follow:

T2025	TD	Nursing Service – RN	Nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.	15 minutes
T2025	TE	Nursing Service – LPN	Nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.	15 minutes
T2025	UF (6 hours) and TD	Nursing Service	RN Morning nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.	6 hours
T2025	UG (6 hours) and TD	Nursing Service	RN Afternoon nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.	6 hours
T2025	UH (6 hours) and TD	Nursing Service	RN Evening nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a	6 hours

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			specific program or therapeutic regime.	
T2025	UJ (6 hours) and TD	Nursing Service	RN Night nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.	6 hours
T2025	UF (6 hours) and TE	Nursing Service	LPN Morning nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.	6 hours
T2025	UG (6 hours) and TE	Nursing Service	LPN Afternoon nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.	6 hours
T2025	UH (6 hours) and TE	Nursing Service	LPN Evening nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.	6 hours
T2025	UJ (6 hours) and TE	Nursing Service	LPN Night nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.	6 hours

Administrative Services

Financial Management Services (FMS)

Payment for FMS provided by a FMS agent (formerly known as an Intermediary Service Organization) must be made using administrative dollars, not waiver service dollars.

FMS include indirect services provided by FMS agents to assist individuals or their surrogates in the employment and management of support service workers and vendors.

Vendor Fiscal FMS

Under the Vendor Fiscal FMS model, the person or their surrogate is the “Employer of Record” by Internal Revenue Service (IRS) standards. The FMS functions as an employer agent on behalf of the person or surrogate, who is the common law employer, for the purpose of withholding, filing and paying federal employment taxes and income taxes, as required for a person’s qualified support services workers.

The code and service units for Vendor Fiscal FMS follow:

W7318		Vendor Fiscal FMS	An indirect service that assists people or their surrogates with the direct employment and management of qualified support service workers and vendors of their choice. This service may be provided by the statewide Vendor Fiscal FMS organization effective July 1, 2008 for people not currently utilizing a local Vendor Fiscal FMS organization. People currently utilizing a local Vendor Fiscal FMS organization may continue to do so until December 31, 2008.	Per month
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Agency with Choice FMS

Under the Agency with Choice FMS model, the FMS provider is the “Employer of Record” by IRS standards and functions as the joint employer with the person or their surrogate. Under this model the FMS provider and the person or surrogate work together to perform many employer-related functions such as hiring workers, developing worker schedules, managing day-to-day responsibilities of workers, providing orientation and training to workers, and disciplining and firing workers when necessary. The FMS provider is responsible for invoicing for services rendered, processing employment documents, paying workers, and providing worker compensation for workers.

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The code and service units for Agency with Choice FMS follow:

W7319		Agency with Choice FMS	An indirect service that assists people or their surrogates with the employment and management of qualified support service workers and vendors of their choice.	Per month
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Base Services

The services included in the remainder of this narrative are designated as Base Services, and are limited to non-waiver funding only.

Base Services are designed to offer a variety of services to the person with mental retardation or their family for the purpose of enabling the person to remain with his/her family in a community setting or to maintain independence in a community setting.

Respite Care (Medical Environment)

These services may be provided in general hospital or nursing home settings, when there is a documented medical need and the County Program Administrator or Director approves the respite in a medical facility.

Base-funded respite is limited to a total of 4 weeks per person per fiscal year, except when extended by an ODP Regional Office waiver.

Respite Care – Out of Home, 24 Hours (Medical Environment)

The following codes are for direct services that are provided in 24-hour segments to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own home or the home of a relative, friend, or other family.

The code and service units for Out of Home Respite Care – 24 Hours (Medical Environment) follow:

W7287		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	Day
W7288		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	Day
W7289		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	Day
W7290		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	Day

Respite Care – Out of Home, 15 minutes (Medical Environment)

Out of Home respite care are direct services that are provided in segments of

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less than 24 hours to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own home or the home of a relative, friend or other family.

The code and service units for Out of Home Respite Care – 15 Minutes (Medical Environment) follow:

W7301		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	15 minutes
W7302		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	15 minutes
W7303		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7304		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	15 minutes

Support (Medical Environment)

This service may be provided in general hospital or nursing home settings, when there is a documented medical need and the County Program Administrator or Director approves the support in a medical facility.

The code and service units for Support (Medical Environment) follow:

W7305		Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	15 minutes
W7306		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	15 minutes
W7307		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	15 minutes
W7308		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7309		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	15 minutes

Family Aide

Family aide services are direct services provided in segments of less than 24 hours to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. The family aide may also be responsible for the care and supervision of family members other than the family member with mental retardation.

Family aide is limited to a recommended four sessions per month, but this limit may be adjusted by the County Program based on individual needs.

The code and service units for Family Aide follow:

W7310		Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	15 minutes
W7311		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	15 minutes
W7312		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	15 minutes
W7313		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7314		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	15 minutes

Special Diet Preparation

This service provides people with mental retardation with assistance in the planning or preparation of meals when needed due to a significant modification to a routine diet.

The code and service units for Special Diet Preparation follow:

W7315		Special Diet Preparation	This service provides people with mental retardation with assistance in the planning or preparation of meals when needed due to a significant modification to a routine diet.	Outcome based
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Recreation/Leisure Time Activities

This service is provided to enable people with mental retardation to participate in regular community activities that are recreational or leisure in nature. Participation in activities with non-related people, within the community, is

encouraged. Entrance and membership fees may be included in the cost of recreation/leisure time activities.

The code and service units for Recreation/Leisure Time Activities follow:

W7316		Recreation/ Leisure Time Activities	This service is provided to enable people with mental retardation to participate in regular community activities that are recreational or leisure in nature.	Outcome based
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Home Rehabilitation

The home rehabilitation service provides for minor renovations to a person's or family's home to enable the continued care and support of the person with mental retardation in the home. A renovation is defined for reimbursement purposes as minor if the cost is \$10,000 or less, as per 55 Pa. Code Chapter 4300.65(1).

The code and service units for Home Rehabilitation follow:

W7317		Home Rehabilitation	This service provides for minor renovations to a person's or family's home to enable the continued care and support of the person with mental retardation in the home.	Outcome based
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Family Support Services (FSS)/Consumer Payment

FSS/Consumer Payment provides an indirect service that must meet contractual conditions facilitating individuals in the employment and management of individual providers of the non-waiver service of their choice.

The code and service units for FSS/Consumer Payment follow:

W7320		FSS/Consumer Payment	This is an indirect service to allow cash and/or voucher payments to individuals and families for Family Supports Services.	Dollar
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ⁱ Not everyone can make legally binding decisions for themselves. This would include minor children and some adults who have substantial mental impairment. In these instances, a

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substitute decision-maker may be identified under State law. Substitute decision-makers have various legal titles, but for the purposes of this bulletin, they will be referred to as “surrogates.” “Surrogates” include the following:

- Parents of children under 18 years of age under the common law and 35 P.S. § 10101.
- Legal custodian of a minor as provided in 42 Pa.C.S. § 6357.
- Health care agents and representatives for adults as provided in 20 Pa.C.S. Ch. 54.
- Guardians of various kinds as provided in 20 Pa.C.S. Ch. 55 (as limited by 20 Pa.C.S. § 5521(f)).
- Holders of powers of attorney of various kinds as provided in 20 Pa.C.S. Ch. 56.
- Guardians of persons by operation of law in 50 P.S. §4417(c).

Any of these would be considered “legal representatives” as the Center for Medicaid and Medicare Services uses that phrase. Please see *Application for a §1915(c) Home and Community-Based Waiver [Version 3.5]: Instructions, Technical Guide and Review Criteria* [www.cms.hhs.gov/HCBS/02_QualityToolkit.asp].