Pennsylvania
Department of Human Services

Requirements and Timeframes for Updated Common Law Employer and Managing Employer Agreements in the Office of Developmental Programs (ODP) Participant-Directed Services Frequently Asked Questions (FAQ) UPDATE

Question	Answer
1. Is ODP continuing to limit Support Service Professional (SSP) time to 40 hours weekly for one relative and a maximum of 60 hours a week for multiple relatives?	Yes. The updated Managing Employer (ME) Agreement and Common Law Employer (CLE) Consent Form clarify expectations related to the use of overtime and scheduling relative SSPs. For individuals using the participant-directed services model, MEs and CLEs are responsible for scheduling SSPs in accordance with the agreements which outline: • The responsibilities for developing and managing SSP's work schedules, including that CLEs and MEs cannot schedule any one SSP to work more than 40 hours per week. • Work schedules may not include more than 60 hours per week of authorized In-Home and Community Support (IHCS), Companion, or a combination of IHCS and Companion services provided by relatives, legal guardians, or legally responsible persons when more than one relative, legal guardian, or legally responsible person is providing services.

	• Limitations on the number of hours worked may only be exceeded due to unforeseen circumstances affecting SSP availability, such as inclement weather, sudden illness, or the unexpected resignation of an SSP which requires temporary additional staffing coverage. Limitations on the number of hours an SSP may work may only be exceeded for up to 13 weeks per fiscal year. MEs must receive approval from the AWC when there is an event which results in the ME scheduling SSPs beyond the above limits.
2. Does an ME or CLE who has a signed agreement need to sign the new agreement?	Yes. All CLE Consent Forms and ME Agreements signed prior to May 8, 2026, will be considered invalid effective August 6, 2026. Individuals who wish to continue utilizing participant-directed services must have their CLE or ME review, sign, and submit an updated agreement within 90 days of the date **ODP Announcement 26-051** was issued.
3. What happens if my ME or CLE does not sign the new agreement?	Submission of an updated CLE Consent Form or ME Agreement Form is required to continue using participant-directed services.

	Individuals have the choice to participate in participant-directed services. Participants who choose to participate in participant-directed services must comply with the requirements for participant-directed services. If an individual no longer wishes to use the participant-directed service model, they may discuss other service delivery options with their Supports Coordinator, including changing type of financial management services or transitioning to traditional agency services. CLEs or MEs that do not submit updated agreements within the required timeframe will be subject to corrective action processes and may ultimately face involuntary termination of the CLE or ME role if an updated agreement is not signed. If a CLE or ME is involuntarily terminated, a new CLE or ME must be identified and the new CLE or ME must sign and submit the applicable agreement form within 30 days or the individual must transition to a traditional provider-managed service model.
4. Can I still receive services while I am traveling?	Yes. Waiver services may be delivered in Pennsylvania and contiguous states while you are traveling provided all other waiver requirements are met. Consistent with the updated CLE and ME agreements, CLEs and MEs may only schedule SSPs to render services in Pennsylvania and contiguous states, which

	are New York, New Jersey, Delaware, Maryland, West Virginia, and Ohio. ODP will be making changes to the Consolidated, Community Living, P/FDS and Adult Autism waivers that will limit service delivery during travel for all services and service models while traveling to Pennsylvania and contiguous states. These limitations in location of travel are intended to support ODP's ability to monitor service delivery, address health and welfare concerns, maintain appropriate operational oversight, and respond to incidents or other issues involving waiver services delivered through participant-directed service models. ODP is also beginning the work to amend regulations. Until regulations are promulgated related to service delivery during travel, there is no longer a maximum number of days that waiver services may be provided during out-of-state travel and waiver service delivery during travel is limited to Pennsylvania and contiguous states.
5. Does the ISP Team need to meet every time I travel away from my home?	When waiver services will be provided during travel to an area that is a significant distance from the individual's primary residence or community, or for an extended period of time, or under

	circumstances that could affect the individual's health, safety, supervision, or service delivery, the ISP team should discuss the travel plans and identify any appropriate safeguards. This discussion may address anticipated travel and is not needed before every routine trip, day outing, or if the travel is part of the individual's normal activities and supports.
6. Can I travel to non-contiguous states?	The updated CLE and ME agreements require that if a participant chooses to travel to a state that is not contiguous to Pennsylvania, Medicaid waiver-funded participant-directed services may not be provided in that location. In those situations, individuals may choose to pay for services using private funds. Individuals may also reach out to the county to discuss whether there are options for service delivery during travel to non-contiguous states. For services provided through a traditional provider-managed service model, ODP intends to make changes to the Consolidated, Community Living, P/FDS and Adult Autism waivers to limit service delivery for all services and service models during travel to Pennsylvania and contiguous states.

7. If I have an appointment for treatment in a hospital or outpatient facility located in a non-contiguous state, can I receive authorized waiver services during that travel period?	Yes, the requirement that waiver-funded participant directed services be provided in Pennsylvania or a state contiguous to Pennsylvania does not apply when all of the following conditions are met: - The medical condition, prescribed treatment, and physician are documented in the ISP: Health Conditions and Medical Contacts fields, - The treatment is paid through Medicaid, - The treatment is not covered by a service in the waivers, and - The treatment is not available from a medical provider in Pennsylvania ODP Bulletin 00-23-01: *Home and Community Based Waiver Services Provided to Individuals in an Acute Care Hospital* further clarifies when applicable self-directed services (IHCS, Companion, and Supports Broker services) in that setting can be provided. An acute care hospital is defined by CMS as a health care institution that provides inpatient medical care and other related services for surgeries, acute medical conditions, or injuries (usually for a short-term illness or condition).