



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Office of Developmental Programs

ADULT AUTISM WAIVER

PROVIDER INFORMATION TABLE

Service Definitions, Rates,
Procedure Codes & Qualifications

07/01/2026

- Information new to this edition of the Provider Information Table is highlighted in gray.

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Initial Qualifications Required for All Adult Autism Waiver (AAW) Providers

Information regarding the Orientation and Initial Qualification process for prospective AAW providers can be found at: [AAW Prospective Provider Information and Resources – MyODP](#)

ODP Provider Agreements

- Providers and SCOs must have an approved ODP Waiver Provider Agreement on file with ODP for the duration of enrollment for AAW service provision.

Medical Assistance Provider Agreements

- Providers and SCOs must have a signed Medical Assistance Provider Agreement on file for the duration of enrollment for AAW service provision.

Verification of Provider Qualifications

ODP is responsible for provider qualification verification at least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers will go through qualification verification during the fiscal year following their enrollment and may be qualified more frequently depending on the last digit of their MPI number.

American Sign Language (ASL)- English Interpreter Service

Waiver Service	Unit	Staffing	Provider Type	Provider Specialty	Procedure Code	Modifier Descriptions*	
(ASL)-English Interpreter	15 minutes	1 Interpreter –In Person	55 Vendor	580 Sign Language	T1013	00	00
		2 Interpreter –In Person				U3*	00
		1 Interpreter – Virtual				GT*	00
		2 Interpreter – Virtual				U3*	GT*
		1 Interpreter –In Person	58 Communication Specialist			00	00
		2 Interpreter –In Person				U3*	00
		1 Interpreter – Virtual				GT*	00
		2 Interpreter – Virtual				U3*	GT*

Place of Service Codes: 11 (Office), 12 (Home), 99 (Other Place of Service). **Electronic Visit Verification?** No.

***Modifier Descriptions:** GT- Virtual modifier; U3- Two-person pricing modifier

NOTE

Providers that meet the standards for Supports Coordination, Specialized Skill Development, or Supported Employment may subcontract with providers of ASL- English Interpreter as an Organized Health Care Delivery System (OHCDS). See [Appendix A](#) of this document for procedure codes and policy on submitting an OHCDS Administrative Fee.

LIMITATIONS

Interpreter services are limited to an average of 8 hours per day and must be billed using 15-minute units.

SERVICE DEFINITION

The American Sign Language (ASL) - English Interpreter Service is for participants who utilize ASL.

Interpreting is the process of conveying English in grammatically correct American Sign Language and the process of conveying American Sign Language in English. Interpreters maintain the role of a facilitator of communication rather than the focus or initiator of communication. Interpreters may make an exception to this to provide communication information within the scope of the interpreter's training.

To use this service, the participant's ISP team must develop an implementation plan and a plan to fade out the use of an interpreter to promote direct communication with the participant's staff and/or unpaid supports.

Interpretation teleservices may be provided in accordance with requirements in the Additional Needed Information Section of the Main Module. This service does not include payment for video equipment.

Providers of residential services are responsible for meeting the communication needs of individuals receiving residential services. For participants who receive Residential Habilitation: Community Home and Life Sharing services, the interpreter service may only be used during:

1. Incident investigations, law enforcement activity, or another crisis event,
2. Victim's assistance,
3. Completion of the Health Risk Screening Tool,
4. Annual service assessments required in Residential Habilitation: Community Home and Life Sharing, i.e., rights training, fire safety, etc.,
5. Annual service trainings required by 55 Pa. Code Chapter 6100,
6. Important team meetings, and
7. Other situations as determined to be needed by the team.

This service may not be used during personal care when privacy would generally be expected (while a participant is in a state of undress, during sexual activities, etc.).

The interpreter is exclusively providing interpretation and is not providing any other service as described in this waiver. As such, interpreters are not counted in the participant's staffing ratio for other direct services. A team of two or more interpreters is allowable based on complexity, length of time, and standard practices. Interpreters may bill up to 30 minutes of preparation time per participant per day billed.

This service may only be funded when it is not the responsibility of another entity, or it is not available through the State Plan, Medicare, private insurance, or other responsible entity. Waiver funds may not be used to purchase this service if it is provided to the general public for free.

Participants who have competitive integrated employment may only receive interpreter services funded through the waiver at their place of employment after the participant has applied for a reasonable accommodation under the Americans with Disabilities Act and the employer determines that providing an interpreter qualifies as an undue hardship for the employer.

This service can be delivered in Pennsylvania and states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania or other locations as per ODP's travel policy.

RESOURCES

[ODPANN 24-128: ODP Guide to the American Sign Language \(ASL\) – English Interpreter Service – MyODP](#)

PROVIDER QUALIFICATIONS

Provider Type: Service Agency Interpreter Referral Agency

Agencies must meet the following standards regardless of provider service location:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Complete standard ODP required orientation and training.
3. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies, and procedures.
4. Have Commercial General Liability Insurance.
5. Have Workers' Compensation Insurance, in accordance with state law.
6. Comply with Department standards related to provider qualifications.
7. Have a signed ODP Provider Agreement on file with ODP if enrolled directly with ODP (not through an OHCDs). The ODP Provider Agreement requires the provider to comply with all applicable federal and state statutes, regulations, and policies, including but not limited to confidentiality and HIPAA requirements.
8. Develop and implement written privacy policies and procedures that are consistent with the Privacy Rule. ODP reviews these policies and procedures when complaints are received regarding privacy or as part of QA&I when warranted.

Staff working for or contracted with the agency must meet the following standards:

1. Be registered with Pennsylvania's Office of Deaf and Hard of Hearing.
2. Be at least 18 years of age.
3. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire. If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must

make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Provider Type: Individual Interpreter

Individuals must meet the following standards:

- Comply with the Sign Language Interpreter and Transliterator State Registration Act of 2004, which requires registration with Pennsylvania's Office of Deaf and Hard of Hearing.
- Have Commercial General Liability Insurance.
- Be at least 18 years of age.
- Have a signed ODP Provider Agreement on file with ODP if enrolled directly with ODP (not through an OHCDs). The ODP Provider Agreement requires the provider to comply with all applicable federal and state statutes, regulations, and policies, including but not limited to confidentiality and HIPAA requirements.
- Develop and implement written privacy policies and procedures that are consistent with the Privacy Rule. ODP reviews these policies and procedures when complaints are received regarding privacy or as part of QA&I when warranted.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire. If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:
 - The nature of the crime;
 - Facts surrounding the conviction;
 - Time elapsed since the conviction;
 - The evidence of the individual's rehabilitation; and
 - The nature and requirements of the job.
- Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Assistive Technology

Waiver Service	Unit	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Assistive Technology	Item	51 Home & Community Habitation	544 Assistive Technologies	T2028 (Specialized Supply) T2029 (Specialized Medical Equipment)	SE: State & Federal Funding U2: Adult Autism Waiver
		55 Vendor	250 DME/Medical Supplies		
Place of Service Codes: 11 (Office), 12 (Home), 99 (Other Place of Service). Electronic Visit Verification? No					
NOTE					

Providers that meet the standards for Supports Coordination or Specialized Skill Development may subcontract with providers of Assistive Technology as an Organized Health Care Delivery System (OHCDS). See [Appendix A](#) of this document for procedure codes and policy on submitting an OHCDS Administrative Fee.

LIMITATIONS

Assistive technology devices costing \$750 or more must be recommended by an independent evaluation of the participant's assistive technology needs, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant on the customary environment of the participant. While an independent evaluation of the participant's assistive technology needs for devices costing less than \$750 is not required, it can be completed if the service plan team believes it will be beneficial. Multiple devices processed in the same transaction do not necessitate an evaluation unless the cost of any one device included on the invoice exceeds \$750.

All independent evaluations must be conducted by a licensed physical therapist, occupational therapist, speech/language pathologist or a professional certified by SHIFT as an Enabling Technology Integration Specialist (ETIS) or by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) as an Assistive Technology Professional. The independent evaluator must be familiar with the specific type of technology being sought and may not be a related party to the Assistive Technology provider. The evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or

waiver services (including a combination of any of the elements listed) that would be most effective to meet the need(s) of the participant. The least expensive option from the list must be selected for inclusion on the service plan.

When Assistive Technology is utilized to meet a medical need, documentation must be obtained stating that the service is medically necessary and not covered through the MA State Plan, Medicare or private insurance. When assistive technology is covered by the MA State Plan, Medicare or private insurance, documentation must be obtained by the Supports Coordinator showing that limitations have been reached before the assistive technology can be covered through the Waiver. To the extent that any listed services are covered under the State Plan, the services under the waiver would be limited to additional services not otherwise covered under the State Plan but consistent with waiver objectives of avoiding institutionalization.

The following list includes items excluded as Assistive Technology (this is not an exhaustive list of excluded items):

- Durable medical equipment, as defined by 55 Pa. Code Chapter 1123 and the MA State Plan;
- Air conditioning systems or units, heating systems or units, water purifiers, air purifiers, vaporizers, dehumidifiers, and humidifiers;
- Video monitoring equipment that will be installed or used in the participant's bedroom or bathroom;
- Recreational or exercise equipment; and
- Swimming pools, hot tubs, whirlpools and whirlpool equipment, and health club memberships.

Assistive Technology has the following limits:

Expenditure for Assistive Technology is limited to \$3,000 per participant's service plan year. A participant whose needs exceed \$3,000 in any plan year must request an exception to the limit consistent with ODP policy.

Assistive Technology has a lifetime limit of \$5,000 for generators for the participant's primary residence only. The lifetime limit on generators may not be raised using the exception process and generators for a secondary residence are not available through the waiver. Expenditure for generators is not included in the \$3,000 annual limit.

- Assistive Technology provided to participants living in provider owned, leased or operated settings must comply with 442.301(c)(4)(vi)(A) through (D) related to privacy, control of schedule and activities and access to visitors.

SERVICE DEFINITION

An item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve a participant's functioning or increase a participant's ability to exercise choice and control, as specified in the service plan. The Assistive Technology service includes direct support in the selection, acquisition, or use of an assistive technology device, limited to:

- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants. Leasing of equipment and devices is only allowable short term:
 - For emergency substitution of a device or equipment until repairs are made or a replacement can be purchased; or
 - To allow a participant to try equipment and device(s) to determine whether the equipment or device(s) will be a good fit for the participant's needs.
- Selecting, designing, fitting, customizing, adapting, installing, maintaining, repairing, or replacing assistive technology devices;
- Training or technical assistance for the participant, or, where appropriate, the participant's family members, guardian, advocate, staff, authorized representative, or other informal support on how to use and/or care for the assistive technology;
- Warranties, extended warranties, and protection plans;
- Ancillary supplies, software, and equipment necessary to the proper functioning of assistive technology devices, such as replacement batteries and materials required to adapt low-tech devices; and
- Independent evaluation as required for this service, if not available through the State Plan, other waiver services, or private insurance.

When multiple devices are identified as being effective to meet the participant's need, the least expensive option must be chosen. Software applications for electronic devices that assist participants with an identified need are also covered for participants.

Generators are covered for the participant's primary private home. Generators are not covered for any home other than the participant's primary private residence.

All items purchased through Assistive Technology shall meet the applicable standards of manufacture, design, and installation. Items reimbursed through Waiver funds shall be in addition to any equipment or supplies provided under the MA State Plan. Excluded are those items that are not of direct medical or remedial benefit to the participant or are primarily for a recreational or diversionary nature. Items designed for general use shall only be covered to the extent necessary to meet the participant's adaptive needs and be for the primary use of the participant. If the participant receives Specialized Skill Development, assistive technology must be consistent with the participant's behavioral support plan, crisis intervention plan, and/or systematic skill building plan.

Electronic devices that are not used during provision of Remote Supports are included under Assistive Technology to meet a communication or prompting need or to enable participants to independently control devices and appliances in their home and community. Examples of electronic devices include tablets, computers and electronic communication aids. There must be documentation that the device is a cost-effective alternative to a service or piece of equipment. Software applications for electronic devices that assist participants with a need identified are also covered.

RESOURCES

[AAW AT Service Snapshot](#)

[Assistive Technology or Remote Supports Decision Tree](#)

[ODPANN 24-015 Implementing Changes to Remote Supports and Assistive Technology in the November Waiver Amendment – MyODP](#)

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

NOTE: When this service is delivered through an Organized Health Care Delivery System (OHCDS) provider, the OHCDS provider is responsible to ensure that all subcontracted entities that will render the vendor service meet the qualification criteria specified for the service.

Agencies must meet the following standards regardless of service location.

Provider Type: Service Agency

- Providers of waiver services will have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (The company the provider secures the item(s) from can be located anywhere.)
- Complete standard ODP required orientation.
- Providers must demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have Workers' Compensation Insurance in accordance with state law.
- Providers must comply with Department standards related to provider qualifications.

Provider Type: Durable Medical Equipment Suppliers

- Providers of waiver services will have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (The company the provider secures the item(s) from can be located anywhere.)
- Complete standard ODP required orientation.
- Suppliers of medical equipment and supplies must meet the requirements for Medicaid State Plan medical supplies providers specified in 55 PA Code Chapter 1123.

- Providers must demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance, professional liability errors and omissions insurance and.
- Have Workers' Compensation Insurance in accordance with state law.
- Providers must comply with Department standards related to provider qualifications.

Provider Type: Independent Vendors

- **License:** Trade appropriate.
- Providers of waiver services will have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (The company the provider secures the item(s) from can located anywhere.)
- Complete standard ODP required orientation.
- Have Commercial General Liability Insurance, professional liability errors and omissions insurance.
- Have Workers' Compensation Insurance in accordance with state law.
- Providers must demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.

Comply with Department standards related to provider qualifications.

Career Planning

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Career Planning: Vocational Assessment	15 min	\$20.13	1:1	53 Employment - Competitive	530 Job Finding	W7071
Career Planning: Job Finding						W7077
Place of Service Codes: 02 (Telehealth Provided Other than in Patient’s Home), 10 (Telehealth Provided in the Home), 11 (Office), 12 (Home), 99 (Other Place of Service). Electronic Visit Verification? No						
LIMITATIONS						

Vocational Assessment is a time-limited service requiring re-authorization every 6 months. Prior to the request for reauthorization, the ISP team will meet to clarify goals and expectations and review progress. ODP will review the reauthorization request and make a determination based on ODP policy. ODP may also recommend technical assistance to the provider or suggest the ISP team consider a change of provider. Vocational Assessment may be authorized whenever the participant's circumstances or career goals change.

Job Finding is a time-limited service requiring re-authorization every 6 months. Prior to the request for reauthorization, the ISP team will meet to clarify goals and expectations and review progress and the job finding strategy. ODP will review the reauthorization request and make a determination based on ODP policy. ODP may also recommend technical assistance to the provider or suggest the service plan team consider a change of provider. Job Finding may be authorized if a placement ends or is determined unsatisfactory to the participant. As a part of determining if Job Finding should be reauthorized, ODP will consider the reasons that the placement did not work for the participant and what changes, if any, will need to be made in the type of placement or career choice.

Career Planning services may not be rendered under the waiver until it has been verified that the services are:

- Not available to the participant under a program funded by either the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act of 2014, or the Individuals with Disabilities Education Act;
- The Office of Vocational Rehabilitation (OVR) has closed the participant's case or has stopped providing services to the participant;

- It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered not to be available to the participant; or
- The participant is determined ineligible for OVR services.

A participant does not need to be referred to OVR if the participant is competitively employed and is seeking career planning services to find a new job, unless the purpose is job advancement which can be provided by OVR.

When OVR is utilizing an order of selection with a waitlist for any priority category in effect, participants on the waitlist may receive Career Planning or Supported Employment through this waiver in accordance with ODP policy.

See ODP Bulletin 00-19-01, *OVR Referral Process for ODP-Employment Related Services*, or its successor, for further guidance.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in Career Planning services; or
- Payments that are passed through to users of Career Planning services.

Career Planning does not include supports that allow a participant to continue paid work once it is obtained.

These services may not be utilized for volunteer positions.

Travel time may not be billed by the provider as a discrete unit of this service.

This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

SERVICE DEFINITION

The Career Planning service provides support to the participant to identify a career direction; develop a plan for achieving competitive, integrated employment at or above the minimum wage; and obtain a job placement in competitive employment or self-employment. If the participant receives Specialized Skill Development services, the Career Planning service must be consistent with the participant's Behavioral Support and Crisis Intervention Plans and/or Systematic Skill Building Plan. Career Planning may be provided concurrently with Supported Employment, Day Habilitation or Small Group Employment if the participant wants to obtain a better job or different job while continuing paid work.

Both Vocational Assessment and Job Finding are individualized services customized to the participant's needs and are deliverable directly to the participant or indirectly for the participant's benefit, such as coordinating with a potential employer without the participant present.

1. Vocational Assessment evaluates the participant's preferences, interests, skills, needs and abilities for the purpose of developing a [Vocational Profile](#) which is an inventory of actions, tasks or skill development that will position the participant to become competitively employed. The Vocational Profile also specifies restrictions as well as skills and needs of the participant that should be considered in the process of identifying an appropriate job placement, consistent with the participant's desired vocational goal(s) .

Vocational Assessment includes:

- The discovery process, which includes but is not limited to identifying the participant's current preferences, interests, skills and abilities, including types of preferred and non-preferred work environments; ability to access transportation, with or without support; work history and possible references; and existing social capital (people who know the participant and are likely to be willing to help the participant) and natural supports which can be resources for employment;
- Coordinating and conducting community-based job try-outs or situational-vocational assessments;
- Identifying other experiential learning opportunities such as internships or short-term periods of employment consistent with the participant's skills and interests as appropriate for exploration, assessment and discovery;
- Facilitating access to supplemental job-related programs such as Ticket to Work, including Ticket Outcome and Milestone payments, and work incentives programs, as appropriate;
- Assisting participants with contacting relevant agencies and obtaining documents needed to access employment supports and services that educate participants on the impact of employment on their current benefits;
- Consulting with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks on behalf of a participant; and
- Developing a Vocational Profile that specifies recommendations regarding the participant's individual needs, preferences, abilities and the characteristics of an optimal work environment. The Vocational Profile must also specify the training or skill development necessary to achieve the participant's employment goals and which may be addressed by other related services in the participant's service plan.

Results of the Vocational Assessment service must be documented and incorporated into the participant's ISP and shared with members of the service plan team, as needed, to support the recommendations of the Vocational Assessment.

Initial Authorization

- If a participant needs a vocational assessment, this should be the only employment service added to the ISP until the assessment is completed with the exception of Supported Employment. These two services can be provided concurrently if the participant wants to obtain a better job or different job while continuing paid work.

- Providers must complete the vocational assessment using the BSASP Vocational Profile template and then submit it to the SC for entry into HCSIS. Once completed, additional services can be added to the ISP.
- This service may be added to an ISP whenever the participant's circumstances or career goals change.

Additional Requirements for Vocational Assessment

- Vocational Assessment requires goals to be submitted to the SC. It does not require objectives.
- The provider must send a copy of the Vocational Profile to other members of the team for review.
- A copy of the Vocational Profile must be maintained in the participant's file.

2. Job Finding provides assistance to the participant in developing or securing competitive integrated employment that matches the participant's needs and preferences and the employer's needs. The Job Finding service is provided to support participants to live and work successfully in home and community-based settings, as specified in their ISP, and to enable the participant to integrate more fully into the community while ensuring the health, welfare and safety of the participant. It is specific to the participant and may be provided both directly to the participant and indirectly to the employer, supervisor, co-workers and others involved in the participant's employment or self-employment for the benefit of the participant.

If applicable, the Job Finding service will utilize information obtained from and recommendations included in any previously conducted vocational assessments.

Job Finding includes:

- Building relationships with prospective employers when it is relevant to a specific participant;
- Identifying potential employment opportunities consistent with the participant's Vocational Profile or other assessment;
- Collaborating and coordinating with the participant's natural supports in identifying potential contacts and employment opportunities;
- Assisting participants to access employment supports and services, including facilitating contact with relevant agencies and obtaining necessary documents;
- Connecting the participant with organizations such as with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks, or consulting with these organizations on behalf of a participant;
- Searching for open positions potentially suitable for the participant's needs;
- Identifying and developing customized employment positions including job carving;
- Facilitating informational interviews with employers that allow the participant to learn more about a particular job to explore job suitability;

- Facilitating job interviews with potential employers, including attending interviews with the participant if appropriate;
- Supporting the participant to negotiate reasonable accommodations and supports necessary for the individual to perform the functions of a job; and
- If applicable, supporting the participant to establish an entrepreneurial or self-employment business, including identifying potential business opportunities, development of a business plan and identification of necessary ongoing supports to operate the business.

Initial Authorization

- If the participant needs help with finding a job but does not need an assessment, or one has already been completed, Job Finding may be added to the ISP.
- Job Finding may be added to an ISP if the participant's employment ends or employment is determined unsatisfactory by the participant.

Additional Requirements for Job Finding

- Job Finding requires goals to be submitted to the SC. It does not require objectives.

Reauthorization of Vocational Assessment and Job Finding

- Each reauthorization must be added as a separate service line each time it is added to the ISP.
- Prior to the end of the authorization period and before the SC requests reauthorization, the team is expected to discuss progress towards the service's goal(s) and the continued need for these services.
- If needed, the SC should submit a Critical Revision at least 15 days prior to the end date of the current service line to add an additional 6 months of service for Vocational Assessment and Job Finding. The SC's service note must include details regarding the team's discussion on progress made and reasons why additional time is needed.

Teleservices

Teleservices are the delivery of direct services using remote technology. Career Planning teleservices may be provided in accordance with ODP policy, [see Appendix E](#).

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Agencies must meet the following standards regardless of service location:

- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Complete standard ODP required orientation.
- Providers must demonstrate compliance with ODP standards through the completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.

- Have documentation that all vehicles used in the provision of Career Planning services have automobile insurance.
- Have documentation that all vehicles used in the provision of Career Planning services have current State motor vehicle registration and inspection.
- Have Workers' Compensation Insurance in accordance with state law.
- Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.

Individuals providing this service must meet the following standards regardless of where services are rendered:

- Be at least 18 years of age.
- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

- Have a valid driver's license if the operation of a vehicle is necessary to provide Career Planning services.

Staff working directly with the participant must have one of the following by 7/1/2021 or within nine months of hire if hired after 1/1/2021:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or

- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

Newly hired individuals who do not have the required certification when hired must work under the supervision or mentorship of someone who is certified. This can occur for no longer than nine months from the date of hire to allow the new hire time to obtain the certification.

- Complete required training developed by ODP for Career Planning Services for people served in the AAW, which includes:
 - Vocational Assessment: Completing the Vocational Profile training

To access the courses on the MyODP Training & Resource Center, use this link: [Career Planning Services Training](#)

Community Transition Services

Waiver Service	Unit	Provider Type	Provider Specialty	Procedure Code
Community Transition Services	Item	55 Vendor	551 Community Transition Services	T2038
Place of Service Codes: 12 (Home), 99 (Other Place of Service). Electronic Visit Verification? No				

NOTE

Providers that meet the standards for Supports Coordination may subcontract with providers of Community Transition Services as an Organized Health Care Delivery System (OHCDS). See [Appendix A](#) of this document for procedure codes and policy on submitting an OHCDS Administrative Fee.

LIMITATIONS

Limited to \$4,000 in a participant's lifetime. This service is only authorized for participants who move from Medicaid-funded institutional settings or a provider-operated residential living arrangement into the community. In the event that a participant would need community transition services beyond limit in order to assure health and welfare, the Supports Coordinator based on appropriate documentation of need will convene an ISP meeting with the participant, and other team members to explore alternative resources to meet the participant's health and welfare as outlined in [Appendix D](#) of the AAW.

SERVICE DEFINITION

Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from a Medicaid-funded institution or a provider-operated residential living arrangement to a living arrangement in a private residence where the person is directly responsible for their living expenses. Medicaid-funded institutions where the individual has been residing for at least 90 consecutive days include either an ICF/IID, ICF/ORC, nursing facility, and psychiatric hospitals, state hospitals, or a provider-operated residential living arrangement. Allowable expenses are those necessary to enable an individual to establish their basic living arrangement that do not constitute room and board. Furnishings and supplies may be purchased in Pennsylvania and states contiguous to Pennsylvania.

Community Transition Services are limited to the following:

- Essential furnishings and initial supplies (Examples: household products, dishes, chairs, and tables);
- Moving expenses;

- Security deposits or other such one-time payments that are required to obtain or retain a lease on an apartment or home;
- Set-up fees or deposits for utility or service access (Examples: telephone, electricity, heating); and
- Personal and environmental health and welfare assurances (Examples: pest eradication, allergen control, one-time cleaning prior to occupancy).

Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the team process; clearly documented in the individual's Individual Support Plan (ISP), and the person is unable to meet such expense, or when the services cannot be obtained from other sources. The costs of these services are considered to be incurred and billable when the individual leaves the Medicaid-funded institutional setting and is enrolled in the waiver or transitions from a provider-operated residential living arrangement. The individual must be eligible for and enrolled in the waiver. Expenses covered under Community Transition Services can occur no more than 180 consecutive days prior to discharge from the Medicaid-funded institution or transition from a provider-operated residential living arrangement. Community Transition Services do not include monthly rental or mortgage expenses; food; regular ongoing utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes. Furnishings and supplies may be purchased in Pennsylvania and states contiguous to Pennsylvania.

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

NOTE: When this service is delivered through an Organized Health Care Delivery System (OHCDS) provider, the OHCDS provider is responsible to ensure that all subcontracted entities that will render the vendor service meet the qualification criteria specified for the service.

Agencies and individuals must meet the following standards regardless of service location:

- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Complete standard ODP required orientation.
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have Worker's Compensation Insurance in accordance with state law.
- Comply with Department standards related to provider qualifications

Day Habilitation

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Day Habilitation	15 min	\$3.61	>1:6	51	514	W7063
		\$4.36	<1:6 – 1:3.5	Home & Community Habilitation	Adult Training - 2380	W7064
		\$6.80	<1:3.5 – >1:1			W7065
		\$13.38	1:1			W7066
Day Habilitation Teleservices	15 min	\$5.34	1:1 to 1:5	51	514	W0065
		\$2.06	1:6 and above		Adult Training - 2380	W0066
Place of Service Codes: W7063, W7064, W7065, W7066: 02 (Telehealth Provided Other than in Patient’s Home) *, 10 (Telehealth Provided in the Home) , 99 (Other Place of Service).						
W0065 and W0066: 02 (Telehealth Provided Other than in Patient’s Home), 10 (Telehealth Provided in the Home) *, 99 (Other Place of Service).						
Electronic Visit Verification? No						
LIMITATIONS						

Total combined hours for Specialized Skill Development/Community Support, Day Habilitation, Supported Employment (direct), and Small Group Employment are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must request an exception to the limit consistent with ODP policy.

A participant may not receive Day Habilitation services in a licensed Adult Training Facility for more than 75 percent of their support time, on average, per month.

A participant may request an exception to this limitation. The exception request must be submitted in writing to ODP by the participant's Supports Coordinator on behalf of the participant, using a form designated by ODP.

Participants may receive a maximum of 520 hours (2080 15-minute units) of Day Habilitation teleservices per service plan year.

Day Habilitation may not be provided to a participant during the same hours as the direct provisions of any of the following: Career Planning (Job Finding or Vocational Assessment), Nutritional Consultation, Remote Supports, Supported Employment, Small Group Employment,

quarter hourly-reimbursed Respite, Specialized Skill Development/Community Support, Therapy, or Transportation is provided.

Day Habilitation may not be provided in a licensed Adult Training Facility that is newly funded on or after January 1, 2020, and serves more than 25 individuals in the facility at any one time including individuals funded through any source.

Beginning 1/1/23, Day Habilitation services may not be provided in any facility required to hold a 2380 license that serves more than 150 individuals at any one time including individuals funded through any source.

Day Habilitation may not be provided in a licensed facility that enrolls on or after the effective date of the 55 Pa. Code Chapter 6100 regulations in a location that is adjacent to, attached to or located in the same building as any of the following regardless of the funding source of the individuals served:

- Hospital (medical or psychiatric).
- Skilled Nursing Facility (55 Pa. Code Chapters 201 through 211).
- Licensed public or private ICF/ID (55 Pa. Code Chapter 6600) or ICF/ORC.
- Licensed Child Residential Services (55 Pa. Code Chapter 3800).
- Licensed Community Residential Rehabilitation Services for the Mentally Ill (CRRS) (55 Pa. Code Chapter 5310).
- Licensed Personal Care Homes (55 Pa. Code Chapter 2600).
- Licensed Assisted Living Residences (55 pa. Code Chapter 2800).
- Unlicensed or Licensed Family Living Homes (55 Pa. Code Chapter 6500).
- Unlicensed or Licensed Community Homes for Individuals with an Intellectual Disability or Autism (55 Pa. Code Chapter 6400).
- Licensed Adult Training Facilities (55 Pa. Code Chapter 2380).
- Licensed Vocational Facilities (55 Pa. Code Chapter 2390).
- Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11).

Service locations where more than 10% of individuals receive less than 25% of their time in community settings are required to have a community integration plan within the Quality Management Plan which clearly describes the following for the service location:

- The number/percent of individuals not receiving at least 25% of their time in community settings,
- The number of individuals who want to increase the amount of time they spend in the community,
- Action steps for increasing time in the community for each individual identified in the previous bullet, including timeframes for achieving each action step,
- Barriers to supporting individuals with engaging in community activities, including action steps to address the barriers and timeframes for achieving each action step,

- The methods and frequency used by the provider to offer options to receive services in integrated community settings in-line with each participant's preferences, choices and interests for community activities,
- Successful community experiences, such as building relationships, employment opportunities and natural supports,
- The staff position responsible for reviewing and updating the Quality Management Plan.

A service location's community integration plan should be made available upon request by ODP.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania

SERVICE DEFINITION

Day Habilitation is provided in adult training facilities licensed under 55 PA Code Chapter 2380, which are settings other than the participant's private residence, and meet the federal requirements for HCBS settings. This service also includes day habilitation activities in general public community settings, which are non-disability specific settings and meet the federal requirements for HCBS settings. When provided in community locations, this service does not take place in licensed facilities, or any type of facility owned, leased or operated by a provider of other ODP services.

Day Habilitation provides individualized assistance with acquiring, retaining, and improving communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community. The service is expected to help the participant develop and sustain a range of valued social roles and relationships; build natural supports; increase independence; experience meaningful community participation and inclusion; and build on the participant's strengths while reflecting their desired goals related to employment. To achieve this, each participant must be offered opportunities and needed support to participate in community activities that are consistent with the individual's preferences, choices and interests. Each participant's preferences, choices, skills, strengths and interests may change based on their experiences which will require providers to have ongoing conversations (no less frequently than quarterly) about community activities in which the participant would like to participate. The provider is required to complete and update an analysis of the participant in relation to the following at least annually:

- Strongest interests & personal preferences for community activities,
- Skills, strengths, & other contributions likely to be valuable to employers or the community, and
- Conditions necessary for successful community inclusion and/or competitive integrated employment.

This service includes:

- activities to improve the participant's capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation);
- assisting participants to contact relevant agencies and obtain documents needed to access employment supports and services that educate participants on the impact of employment on current benefits,
- planning and coordinating a participant's daily/weekly schedule for day habilitation services;
- personal assistance in completing activities of daily living and instrumental activities of daily living;
- assistance with medication administration and the performance of health-related tasks to the extent state law permits, and
- building interest in, and developing skills, potential and competencies necessary to pursue competitive integrated employment.

The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant's capacity to perform activities of daily living and instrumental activities of daily living independently.

This service also includes transportation to and from the facility and during day habilitation activities necessary for the individual's participation in those activities. The Day Habilitation provider is responsible to provide at least one complete meal, consistent with the individual's dietary needs, if the participant is at the facility for 4 or more hours. If a participant is at the facility for more than 6 hours, a nutritional snack shall also be provided.

Day Habilitation services must be necessary to achieve the expected outcomes identified in the participant's service plan. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met and to modify the service plan as necessary. The review must include an assessment of the participant's progress, identification of needs, and plans to address those needs. If the participant receives Specialized Skill Development services, this service includes implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP) and/or the Systematic Skill Building plan (SBP). This service includes collecting and recording the data necessary to support review of the service plan, the BSP and the SBP.

The Day Habilitation service requires the implementation of Goal Attainment Scaling (GAS) to monitor and report on quarterly progress of goals and objectives. Every goal/objective must have a relevant GAS chart created.

Day Habilitation does not include services that are funded under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Improvement Act.

Travel time to pick up and drop off the participant may not be billed as these costs are assumed in the rate for this service. Transporting the participant to and from activities integral to services provided during the Day Habilitation service day may be billed.

Teleservices

Teleservices are the delivery of direct services using remote technology. Day Habilitation teleservices may be provided using remote technology in homes where participants reside in accordance with ODP policy, [see Appendix E](#).

Day Habilitation teleservices may only be rendered to a participant in their Residential Habilitation home (Community Home) when the participant:

- Routinely participates in Day Habilitation services in-person outside the home; and
- Has a medical or behavioral condition that precludes their in-person participation for a temporary period of time not to exceed 26 consecutive weeks.

Day Habilitation teleservices may only be rendered remotely for participants receiving Residential Habilitation Community Home or Life Sharing when the skills being taught remotely are of a specialized nature and cannot be taught by residential staff (examples include remote instruction conducted by artists, therapists, counselors, physical trainers, or yoga instructors) or the remote service supports personal relationships by connecting the participant to peers from the Day Habilitation facility or friends met through the Day Habilitation service.

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Agencies must meet the following standards regardless of service location:

- Providers of facility-based day habilitation services with a waiver service location in Pennsylvania must be licensed under 55 Pa. Code Chapter 2380 relating to Adult Training Facilities or under 6 Pa. Code Chapter 11 relating to Older Adult Day Services. A comparable license is required for providers with a waiver service location in states contiguous to Pennsylvania.
- Providers must demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Complete standard ODP required orientation.
- Carry commercial general liability insurance, professional liability errors and omissions insurance and worker's compensation insurance when required by Pennsylvania statute.
- Have documentation that all vehicles used in the provision of Day Habilitation services have automobile insurance.

- Have documentation that all vehicles used in the provision of Day Habilitation services have current State motor vehicle registration and inspection.
- Ensure that staff (direct, contracted, or in a consulting capacity) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.

Individuals providing this service must meet the following standards regardless of where services are rendered:

- Be age 18 or older
- Have a valid driver's license if the operation of a vehicle is necessary to provide Day Habilitation services.
- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and annual training
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Family Support

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Family Support	15 min	\$21.05	1:1	19 Psychologist	425 Autism Certified Psychologist	90846 (w/o Participant Present) 90847 (w/ Participant Present)	SE: State & Federal Funding
					11 Mental Health/ Substance Abuse	421 Autism Social Worker	
				422 Autism Marriage and Family Counselor			
				423 Autism Professional Counselor			
					424 Autism Counseling Agency		
Place of Service Codes: 11 (Office), 12 (Home), 99 (Other place of service), 02 (Telehealth Provided Other than in Patient’s Home), 10 (Telehealth Provided in the Home) *							
Electronic Visit Verification? No							
LIMITATIONS							

Maximum of 40 hours per year, with the year starting on the ISP authorization date. This limitation generally would not impact participant's health and welfare. In the event that Family Support services would be needed beyond the above limits in order to assure health and welfare, based on the family's request or provider assessment that additional services would be needed, the Supports Coordinator will convene an ISP meeting of the participant, and other team members to explore alternative resources to assure the participant's health and welfare through other supports and services as outlined in [Appendix D](#) of the AAW.

SERVICE DEFINITION

This service provides counseling and training for the participant's unpaid family and informal network. The focus of the counseling and training is to help develop and maintain healthy, stable relationships among the participant's unpaid informal network, including family members and the participant, in order to support the participant in meeting the goals in their ISP. Family Support assists the participant's unpaid family and informal care network with developing expertise so that they can help the participant acquire, retain or improve skills that directly improve the participant's ability to live independently. Emphasis is placed on the acquisition of coping skills, stress reduction, improved communication, and environmental adaptation by building upon family and informal care network strengths. The counseling can also provide psychoeducation to participants and their families or caregivers to enhance understanding of mental health conditions, improve communication, and support the implementation of coping strategies across environments.

The waiver may not pay for services for which a third party, such as the family members' health insurance, is liable.

The Family Support service does not pay for someone to attend an event or conference.

Family Support must be necessary to achieve the expected outcomes identified in the participant's service plan. If the participant receives Specialized Skill Development/Behavioral Specialist Services, the Family Support provider must provide this service in a manner consistent with the participant's behavioral support plan and crisis intervention plan.

This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Teleservices

Teleservices are the delivery of direct services using remote technology. Family Support teleservices may be provided in accordance with ODP policy, see [Appendix E](#).

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Agencies must meet the following standards regardless of service location:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Complete standard ODP required orientation.
3. Providers must demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
4. Have Commercial General Liability Insurance.
5. Have worker's compensation insurance in accordance with state law
6. Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service.
7. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies who provide training and counseling services must be licensed as one of the following:

- Be a licensed social worker in Pennsylvania (Title 49 Pa. Code Chapter 47) or be a licensed master's level social worker in the state where the service is provided.
- Be a licensed psychologist in Pennsylvania (Title 49 Pa. Code Chapter 41) or be a licensed psychologist in the state where the service is provided.
- Be a licensed professional counselor in Pennsylvania (49 Pa. Code Chapter 49) or be a licensed master's level counselor in the state where the service is provided.
- Be a licensed marriage and family therapist in Pennsylvania (49 Pa. Code Chapter 48) or be a licensed master's level marriage and family therapist in the state where the service is provided.

Individuals providing this service must meet the following standards regardless of where services are rendered:

- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Home Modifications

<i>Waiver Service</i>	<i>Unit</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Home Modifications	Item	55 Vendor	543 Environmental Accessibility Adaptations	W7279
Place of Service Codes: 12 (Home), 99 (Other place of service). Electronic Visit Verification? No				

NOTE

Providers that meet the standards for Supports Coordination or Systematic Skill Development may subcontract with providers of Home Modifications as an Organized health Care Delivery System (OHCDS). See [Appendix A](#) of this document for procedure codes and policy on submitting an OHCDS Administrative Fee.

LIMITATIONS

This service is limited to no more than \$20,000 per participant over a 10-year consecutive period in the same home. The period begins with the first use of the Home Modifications services. A new \$20,000 limit can be applied when the participant moves to a new home or when the 10-year period expires. Exceptions to this limit may be considered based upon a needs assessment and require prior authorization by ODP consistent with ODP policy.

At least three bids must be obtained for home modifications that cost more than \$2,500. The least expensive bid must be chosen, unless there is documentation from the service plan team that justifies not choosing the lowest bid. If three contractors, companies, etc. cannot be located to complete the home modifications, documentation of the contractors or companies contacted must be kept in the participant's file.

For individuals who need home accessibility adaptations to transition from an institutional setting to a private home (including a Life Sharing home), the adaptations can occur no more than 180 days prior to the individual moving into their residence. A provider or OHCDS may not bill for home accessibility adaptations until the individual moves out of the institutional setting and into the individual's residence.

Participants authorized to receive Residential Habilitation Community Home services may not be authorized to receive Home Modifications.

SERVICE DEFINITION

These are physical modifications to the primary private residence of the participant (including homes owned or leased by parents/relatives with whom the participant resides and life sharing homes that are privately owned, rented, or leased by the host family). The modification(s) must be necessary to ensure the health, security of, and accessibility for the participant and/or to enable the participant to function with greater independence in the home. These modifications must be outlined in the participant's ISP. If the participant receives Specialized Skill Development/Behavioral Specialist Services, modifications must be consistent with the participant's behavioral support plan and crisis intervention plan.

Home modifications include the cost of installation, repair, maintenance, and extended warranties for the modifications and, when necessary to comply with rental/lease agreements, return of the property to its original condition.

All modifications must meet the applicable standards of manufacture, design, and installation and shall be provided in accordance with applicable building codes. Repairs are only covered when it is more cost effective than replacing the modification.

The following are covered as modifications to a household subject to funding under the Waiver:

- Hardwired alarms and motion detectors on doors, windows, and/or fences;
- Hardwired accessible alerting systems for smoke/fire/CO2 for participants with sensory needs;
- Brackets for appliances;
- Locks;
- Modifications needed to accommodate a participant's special sensitivity to sound, light or other environmental conditions;
- Handrails that are considered a structural home modification;
- Outdoor gates and fences;
- Replacement of glass window panes with a shatterproof or break resistant material;
- Raised or lowered electrical switches and sockets;
- Widened doorways, landings, and hallways;
- Modifications of bathroom facilities;
- An additional doorway needed to ensure the safe egress of the participant during emergencies;
- Swing clear and expandable offset door hinges;
- Flush entries and leveled thresholds;
- Replacement of glass windowpanes with a shatterproof or break-resistant material for participants with behavioral issues as noted in the participant's service plan;
- Slip resistant flooring;
- Kitchen counter, major appliance, sink and other cabinet modifications;
- Bedroom modifications of bed, wardrobe, desks, shelving, and dressers; and
- Workroom modifications to desks and other working areas.

In addition to the modifications listed above, the following home accessibility adaptations are also included for participants with medical needs for any of the following:

- Air conditioning for rooms frequently accessed by the participant if the participant has a medical need for specific temperature regulation;
- Electrical rewiring if the participant needs life-support equipment;
- Installation of specialized electric and plumbing systems that are necessary to accommodate the participant's medical equipment and supplies; and
- Installation of flooring supports needed to support the weight of the participant's medical equipment.

For home accessibility durable medical equipment used by participants with a mobility impairment to enter and exit their home or to support activities of daily living covered by medical assistance in the state plan (such as ramps, lifts, stair glides, and grab bars), Home Modifications shall include only the following:

- Extended warranties for the home accessibility durable medical equipment.
- Repairs needed as a result of the installation, use or removal of the home accessibility durable medical equipment or appliance.
- Any of the following required to install home accessibility durable medical equipment:
 - Adding internal supports such that the support requires access to the area behind a wall or ceiling or underneath the floor to install home accessibility durable medical equipment.
 - Constructing retaining walls or footers for a retaining wall if needed to install home accessibility durable medical equipment.
 - Modifications to an existing deck.
 - Widening a doorway.
 - Upgrades to the home's electrical system.
 - Demolition of drywall or flooring.

Home Modifications do not include modifications that:

- Are not specifically identified in the service definition;
- Are not of direct medical or remedial benefit to the participant;
- Are not needed as a result of the participant's medical needs or disability;
- Are adaptations the family or caregiver would be expected to make for an individual without a disability;
- Are for general maintenance of the home;
- Are part of room and board;
- Have a primary benefit for a caregiver, staff person, family member, or the public at large;
- Are used in the construction of a new home or a new room in the home; or
- Are durable medical equipment.

Adding total square footage to the home is excluded from this service, unless an adaptation to an existing bathroom is needed to complete the modification (e.g., necessary to configure a bathroom to accommodate a wheelchair).

This service may only be delivered in Pennsylvania.

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

NOTE: When this service is delivered through an Organized Health Care Delivery System (OHCDS) provider, the OHCDS provider is responsible to ensure that all subcontracted entities that will render the vendor service meet the qualification criteria specified for the service.

Agencies and individuals must meet the following standards regardless of service location:

- Must have trade licenses as appropriate.
- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Complete standard ODP required orientation.
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have Workers' Compensation Insurance in accordance with state law.
- Comply with Department standards related to provider qualifications.
- Individuals providing this service shall meet all applicable state and local licensure requirements. All modifications shall meet applicable standards of manufacture, design, and installation.

Services shall be provided in accordance with applicable state and local building codes.

Life Sharing

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code	Mod.*
Life Sharing Home	Day	\$181.57	Low	52 Community Residential Rehabilitation	522 Family Living Homes - 6500	W7052	SE
		\$220.48	Medium			W7054	
		\$259.39	High			W7053	
Unlicensed Life Sharing Home	Day	\$181.57	Low	52 Community Residential Rehabilitation	524 Unlicensed	W7052	SE
		\$220.48	Medium			W7054	
		\$259.39	High			W7053	
Life Sharing Home Remote Supports-Technology (equipment)	item	---	---	52	522/524	W6087	---

Modifier Description: Use the modifier SE to denote Life Sharing Home (licensed or unlicensed) provided by a relative of the participant.

Place of Service Codes: 99 (Other Place of Service). **Electronic Visit Verification?** No

NOTE

Participants receiving this service must have a Health Risk Screening Tool (HRST) completed at least annually. Participants should have another HRST administered when the participant experiences changes at any point during the year. Refer to the [HRST Protocol](#) for further information.

Limitations

No more than 2 people may receive Life Sharing services in a private home. Participants that receive Life Sharing services may not also receive Residential Habilitation-Community Home services.

Life Sharing homes must be integrated and dispersed in the community in noncontiguous locations, and may not be located on campus settings. To meet this requirement, the location of each Life Sharing home must be separate from any other ODP funded residential setting and must be dispersed in the community and not surrounded by other ODP-funded residential settings. Homes that share only one common party wall are not considered contiguous. Life Sharing homes should be located in the community and surrounded by the general public. New

homes where Life Sharing will be provided or changes to existing Life Sharing homes must be approved by ODP or its designee utilizing the ODP residential setting criteria.

Life Sharing may not be provided in a home enrolled on or after the effective date of 55 Pa. Code Chapter 6100 regulations (2/1/2020) that is adjacent to any of the following regardless of the funding source of the individuals served:

- Licensed public and private (ICF/ID) (55 Pa. Code Chapter 6600) or ICF/ORC.
- Licensed Personal Care Homes (55 Pa. Code Chapter 2600).
- Licensed Assisted Living Residences (55 pa. Code Chapter 2800).
- Licensed Adult Training Facilities (55 Pa. Code Chapter 2380).
- Licensed Vocational Facilities (55 Pa. Code Chapter 2390).
- Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11).

Exceptions are allowed for Residential Service locations to share one common party wall with one other Residential Service location funded through ODP's waivers in the form of a duplex, two bilevel units, and two side-by-side apartments. This exception does not extend to Residential Service locations that are not funded through ODP's waivers.

Settings enrolled on or after the effective date of the Chapter 6100 regulations (2/1/2020) shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation or Life Sharing being provided.

For all individuals receiving Life Sharing, SC monitoring via remote monitoring is not permitted and no more than six months can lapse between face-to-face monitorings at the residential setting.

Service Definition

Life Sharing is a provider agency-managed residential service designed to support participants in private homes, either with a host family (who may be relatives, legal guardians, or unrelated persons) or in the participant's own home with a host family, fostering lifelong learning and independence. Life Sharing offers direct and indirect assistance up to 24 hours per day, tailored to the participant's preferences, needs, and abilities in a home-based living environment. Life Sharing is not an option solely to meet housing needs. This service is intended as a means to facilitate the delivery of comprehensive habilitation services. Authorization of the Life Sharing service must be directly linked to the participant's independent living goals which may be achieved through a comprehensive habilitation service. Life Sharing should not be authorized solely to meet a participant's short or long-term housing needs.

Life Sharing assists participants with acquiring, retaining, and improving the communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community

when services provided in a more integrated setting cannot meet the participant's health and safety needs.

This service also includes any necessary assistance in performing activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant's capacity to perform these tasks independently.

Life Sharing services must be necessary to achieve the expected goals identified in the participant's service plan.

This service includes the following supports, as appropriate to address the participant's goals, as documented in the participant's ISP and to enable the participant to:

- Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.
- Learn and develop practices that promote good health and wellness, such as nutritious meal planning, regular exercise, carrying out prescribed therapies and exercises, and awareness and avoidance of risk including environmental risks, exploitation or abuse. This also involves responding to emergencies in the home and community, such as fire or injury, and knowing how and when to seek assistance.
- Manage or participate in the management of medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, ensuring that there is a sufficient amount of medical supplies so the participant will not be at risk of not having the supplies, and keeping health logs and records. The staff providing this support may also administer medications in accordance with applicable regulatory guidance and ODP policy.
- Manage participant's mental health and their emotional wellness including self-management of emotions; applying trauma informed care principles and practices; and accessing mental health services, which include services not provided under the waiver.
- Participate in the development and implementation of a participant's service plan and direct the person-centered planning process. This involves identifying who should participate and defining the participant's desired goals.
- Develop or expand decision making skills, to include identifying and evaluating options/choices against personal preferences and desired goals. This also includes assistance with identifying supports available within the community.
- Achieve financial stability through management of personal resources, general banking and balancing accounts, record keeping, managing savings accounts and participating in programs such as ABLE accounts.

- Communicate with providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media, consistent with the participant's preferences. The service may require knowledge and use of sign language or interpretation for participants whose primary language is not English.
- Use a range of transportation options such as buses, trains, cab and ride-sharing services, driving, and joining carpool, etc.
- Develop and manage relationships with others in the home and, as appropriate, share responsibilities such as preparing meals, eating together, light cleaning, planning and scheduling shared recreational activities and other typical household routines, resolving differences and negotiating solutions.
- Develop and maintain meaningful relationships with members of the broader community such as with neighbors, coworkers, friends and family.
- Exercise rights as a citizen and fulfill their civic responsibilities by voting, serving on juries; attending public community meetings, participating in community projects and events with volunteer associations and groups, serving on public and private boards, advisory groups, and commissions, and developing confidence and skills to enhance their contributions to the community.
- Develop personal interests such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to explore.
- Participate in preferred activities of community life such as shopping or going to restaurants, museums, movies, concerts and faith-based services.

The Life Sharing provider is responsible for the identification of risk to the participant and reducing the risk through actions such as reporting incidents as required by ODP, the Older Adults Protective Services Act, and the Adult Protective Services Act, and/or calling emergency officials for immediate assistance.

The Life Sharing provider is also responsible for the provision of physical health maintenance services, including those required by a licensed nurse when required to assure health and wellness or as required in the service plan.

Life Sharing services include the support of a life sharing specialist for each participant with overall responsibility for supporting the participant and the host family in the life sharing relationship. The life sharing specialist provides oversight and monitoring of the habilitative outcomes, health and wellness activities, ongoing assessment of supports and needs of the participant as identified in the service plan, as well as coordination of support services for the host family.

When a participant's rights as specified in 55 Pa. Code §§ 6100.182 and 6100.183 are modified, the modification must be supported by a specific assessed need, agreed upon by the service plan team and justified in the service plan. When any participant rights are modified due to

requirements in a court order, the modification must still be included in the service plan and the plan must be implemented. Because the origin of the rights modification is a court order, team agreement is not a requirement for implementation of the modification.

The Life Sharing Provider is responsible for providing transportation to activities related to health, community involvement and the participant's service plan. This service includes transportation to activities when transportation to the activity is not included in the Medicaid State Plan or other services in this waiver. The transportation assumptions built into the day rate do not include transportation that is covered by the State Plan. Transportation is built into the rate for this service and may not be billed as a discrete service. Participants authorized to receive Life Sharing services may only be authorized for waiver Transportation services as a discrete service when the participant requires transportation to or from a job that meets the definition of competitive integrated employment. The Life Sharing provider is not responsible for transportation for which another provider is responsible.

If the participant receives Specialized Skill Development Services, Life Sharing services include implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP), and/or the Systematic Skill Building plan (SBP). Life Sharing includes collecting and recording the data necessary to support review of the service plan, the BSP and the SBP.

Life Sharing requires the implementation of Goal Attainment Scaling (GAS) to monitor and report on quarterly progress of goals and objectives. Every goal/objective must have a relevant GAS chart created. When Systematic Skill Building is authorized at the same time as Life Sharing, both services share the same goals/objectives, but the development and implementation of GAS is the responsibility of the provider of the Systematic Skill Building Service.

To the extent that Life Sharing is provided in community settings outside of the home those settings must be inclusive in the community rather than segregated.

Life Sharing does not include payment for room or board. Providers should collect room and board payments in accordance with regulatory requirements.

The Life Sharing provider shall ensure that a room and board residency agreement, on a form specified by ODP ([DP1077](#)), is executed annually.

Life Sharing is a provider agency managed service that occurs in one of the following locations:

- Family Living Homes licensed under 55 Pa. Code Chapter 6500. This includes:
 - the private home of a host family who is not related to the participant; or
 - the private home of a participant where a host family who is not related to the participant moves into the participant's home and shares the participant's home as their primary residence.

- The private home* of a host family** that is the participant's relative(s) or legal guardian.
 - In accordance with 55 Pa. Code § 6500.3(f)(1), a host home that is owned, rented or leased by a parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece or nephew does not need to be licensed.
 - A host home that is owned by a relative whose relationship to the participant is not specified in the above bullet may require licensure if the amount of time the participant needs care exceeds the amount of time specified in 55 Pa. Code § 6500.3(f)(5).

For the purposes of Life Sharing the following definitions apply:

* Private home - A home that is owned, rented or leased by the participant or the host family. Homes owned, rented or leased by a provider are not private homes. Homes owned, rented or leased by a provider and subsequently leased to a participant or their relatives are also not private homes.

** Host family - One or more persons with whom the participant lives in a private home. The host family is responsible for, and actively involved in, providing care and support to the participant in accordance with the service plan.

If the participant receives Specialized Skill Development Services, this service includes implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP), and/or the Systematic Skill Building plan (SBP). Residential Habilitation includes collecting and recording the data necessary to support review of the service plan, the BSP and the SBP.

NOTE: Relatives and legal guardians can only be reimbursed to provide waiver services when the following conditions are met:

- The individual has expressed a preference to have the relative or legal guardian provide the service(s);
- The service provided is not a function that the 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 relative or legal guardian who meets the qualification criteria that are established by ODP.
- Relatives who provide life sharing services in an unlicensed home:
 - must follow 55 Pa. Chapter 6100 regulations as a condition to provide to provide the Life Sharing service.
 - understand and agree to follow 55 Pa. Chapter 6500 regulations as applicable to the provision of the Life Sharing service in an unlicensed home.

- Relative(s) or legal guardian(s) who provide life sharing in a licensed home must follow 55 Pa. Chapter 6100 and 6500 regulations as a condition to provide the Life Sharing service in a licensed home.

Participants authorized to receive Life Sharing services may receive Remote Supports Equipment and Technology (procedure code W6087) to purchase or lease equipment or technology that will be used exclusively by the participant for the delivery of remote supports as a method of Life Sharing service delivery.

- All items purchased through Remote Supports shall meet the applicable standards of manufacture, design and installation.
- Items reimbursed with Waiver funds shall be in addition to any equipment or supplies provided under the MA State Plan.
- Excluded are those items that are not of direct medical or remedial benefit to the participant or are primarily for a recreational or diversionary nature.
- Items designed for general use shall only be covered to the extent necessary to meet the participant's needs and be for the primary use of the participant. Life Sharing Services must be delivered in Pennsylvania.

Remote Supports service (W6088) cannot be authorized as a separate service on the service plan for participants who are authorized to receive Life Sharing services as monitoring by and interaction with professionals are covered in the rates for the residential services.

Remote Supports as a Method of Life Sharing Service Delivery

Remote supports involve the use of technology that uses two-way real time communication in the participant's home and/or community that allows someone from off-site to monitor and respond to the participant's health and safety needs. Remote supports are an optional method of service delivery rendered as part of Life Sharing services that must enhance or increase the participant's independence, reduce the participant's need for direct support, and comply with 42 CFR 441.301(c)(4)(vi)(A) through (D) related to privacy, control of schedule and activities and access to visitors.

Participants must have an informed choice to receive remote supports as a method of service delivery. This method of service delivery may only occur when the service plan team determines that remote supports is the most appropriate service delivery method to meet the participant's needs (including health and safety needs) and goals.

Remote supports must be documented and are fully integrated into the participant's overall system of support using person-centered planning. Prior to implementing remote supports as a method of residential service delivery, the residential provider must discuss the following with the service plan team to determine the appropriateness of this service delivery method:

- An evaluation plan that, at a minimum, includes:
 - The need(s) of the participant that will be met by the remote supports;
 - The equipment and/or devices that will be used and the participant's control over the equipment and/or devices. The participant's control over the equipment will be determined on a case-by-case basis depending on the device(s)/equipment used and the participant's needs;
 - How the remote supports will ensure the participant's health, welfare and independence; and
 - The training needed to successfully utilize the technology. This includes training the participant and staff on the equipment and/or devices that will be used.
 - An outcome monitoring plan.
 - The back-up plan that will be implemented should there be a problem with the remote supports, including the equipment and/or devices used. The back-up plan must be developed in accordance with guidance in [Appendix D-1-e](#) of the AAW to ensure that the health and safety needs of each participant will be met.
 - The impact the remote supports will have on the participant's privacy, including whether devices and/or equipment used facilitate each participant's right to privacy of person and possessions.
 - Recording of live interactions with the participant via audio or video is prohibited. Live video or audio transmission is only allowable to persons designated by the participant and designated staff employed by the provider responsible for direct service delivery.
 - Without exception, the use of video monitoring equipment in bedrooms and bathrooms is prohibited.
 - It is allowable for staff to provide live audio prompts needed by the participant in bathrooms and bedrooms as part of this method of service delivery. The participant must be alerted prior to the activation of any audio communication device unless the participant turns on the audio communication device themselves.
 - Live real-time video communication between the participant and a staff person may only occur in the participant's bedroom when all of the following are met:
 - The participant has chosen to receive services in their bedroom due to a medical condition which makes it difficult or impossible for them to leave their bedroom to receive services in another room in the house or the participant would like privacy from others in the home (staff, family, housemates, etc.) during the receipt of services;
 - The participant turns the video communication device on and off themselves or requests assistance in turning the video communication device on and off;
 - The participant does not share a bedroom with others; and

- Service delivery via video communication will not be performed as part of any activity during which privacy would generally be expected (while a participant is in a state of undress, during sexual activities, etc.).
- All audio and video devices that are used to render remote supports in any location in the home or community must include indicators that let the participant know that the devices are on and operating in audio or video mode.
- Sensors and other non-audio/video devices are permitted in bedrooms and bathrooms as part of the service plan.

During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.

RESOURCES

[ODP Bulletin 00-25-01: Room and Board Requirements for Individuals Enrolled with the Office of Developmental Programs](#)

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Agency: Life Sharing Provider

License: The agency must be licensed under 55 Pa. Code Chapter 6500

Certificate: LIFE SHARING SPECIALIST The Life Sharing specialist shall have one of the following four groups of qualifications:

1. A master's degree or above from an accredited college or university and 1 year work experience working directly with people with an intellectual disability, developmental disability, and/or autism.
2. A bachelor's degree from an accredited college or university and 2 years work experience working directly with people with an intellectual disability, developmental disability, and/or autism.
3. An associate's degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with people with an intellectual disability, developmental disability, and/or autism.
4. A high school diploma or general education development certificate and 6 years work experience working directly with people with an intellectual disability, developmental disability, and/or autism.

Life Sharing specialists must meet the following standards:

1. Receive training which includes interpersonal dynamics, community participation, individual service planning and delivery, relationship building in addition to training required by licensing or agency policy.
2. Be at least 18 years of age.
3. Complete necessary pre/in-service training based on the service plan.
4. Have criminal history clearances per 35 P.S. § 10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide Life Sharing services.

SUPPORTIVE TECHNOLOGY PROFESSIONAL

When rendering remote support services to participants, the Life Sharing provider must have a supportive technology professional (direct, contracted, or in a consulting capacity) available who has either a current Assistive Technology Professional certificate from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist SHIFT certification. The supportive technology professional is responsible for:

1. Completion of evaluations of participants' assistive technology needs, including a functional evaluation of the impact of appropriate remote supports.
2. Completion of an evaluation plan that, at a minimum, includes: the need(s) of the participant that will be met by the remote supports; how the remote supports will ensure the participant's health, welfare and independence; the training needed to successfully utilize the technology; and the back-up plan that will be implemented should there be a problem with the remote supports.
3. Informing the participant, and anyone identified by the participant, of what impact the remote supports will have on the participant's privacy. This information must be provided to the participant in a form of communication to be understood by the participant. This process must be completed prior to the utilization of remote supports and any time there is a change, including technology devices utilized.
4. Ensuring that the remote supports technology is in working order.

This information will be provided to the participant and service plan team for discussion and inclusion of the remote supports in the service plan.

The provider is responsible to ensure that all subcontracted entities that will render the remote support service in the residential setting meet the qualification criteria specified for the remote support service.

Agencies must meet the following standards:

- Have a waiver service location in Pennsylvania.
- Annually submit to ODP the most recent financial statements (Income Statement and Balance Sheet).
- Meet the requirements of 55 Pa. Code 6400 (Community Homes) or 6500 (Life Sharing), as applicable.
- Actively provided direct non-residential HCBS as a provider enrolled to provide ODP Waiver services for the two years immediately prior to enrolling to provide Residential Habilitation/Life Sharing services and be in good standing (not subject to sanctions or enforcement actions by the Department).
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have documentation that all vehicles used in the provision of Residential Habilitation services have automobile insurance.
- Have documentation that all vehicles used in the provision of Residential Habilitation services have current State motor vehicle registration and inspection.
- Have Worker's Compensation Insurance in accordance with state law.
- Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day.
- Ensure that staff (direct, contracted, in a consulting capacity or volunteers) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.
- The Residential Habilitation/Life Sharing provider is also responsible for providing physical health maintenance services, including those required by a licensed nurse when required to assure health and wellness or as required in the service plan.
- Ensure that Supports Coordination Organizations and the Department have 24-hour access to Residential Habilitation senior management personnel (Executive Director, Chief Executive Officer, Chief Operations Officer or Director, Assistant or Associate Director) for response to emergency situations related to the provision of the Residential Habilitation service.
- At least one of the following must have experience working with individuals with an intellectual disability, developmental disability, and/or autism and have a bachelor's degree:
 - Executive Director,
 - Chief Executive Officer,
 - Chief Operations Officer, or
 - Director, Assistant or Associate Director.
- The organization must have a chief financial officer with 5 years' experience or evidence of contracted financial management services.

- Have a person fill the role of Chief Executive Officer (CEO) at all times. The agency must have a written plan stating who will fill the role of the CEO should the current CEO leave their position.
- In the case of an entity newly enrolled to provide Residential Habilitation/Life Sharing services, or a current provider hiring new executive level staff, one of the following positions:
 - Executive Director
 - Chief Executive Officer,
 - Chief Operations Officer, or
 - Director, Assistant or Associate Director
- Must have a bachelor's degree & a minimum of 5 years' experience in an executive-level position relating to the provision of residential services to individuals with an intellectual disability, developmental disability, autism, and/or serious mental illness, with responsibility for all of the following:
 - Day-to-day residential agency operations;
 - Oversight of the development and implementation of residential agency-wide policies and procedures;
 - Supervision of management-level staff; and
 - Compliance with applicable state and federal regulations.
- Newly hired CEOs must complete the ODP approved Health Risk Screening Tool Orientation and Dual Diagnosis Training within 30 days of hire.
- Notify the ODP Regional Office within 10 business days of the hiring date of a new CEO, including an interim or acting CEO.
- Have an annual training plan to improve the knowledge, skills and core competencies of agency personnel.
- Employ life sharing program specialist(s) who are responsible for up to 8 homes and a total of no more than 16 participants who receive Life Sharing or any other service.

Individual staff providing this service as well as volunteers utilized in providing this service, if they will spend any time alone with a participant, must meet the following qualifications:

- Be at least 18 years of age.
- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete a Department-approved training on the common health conditions that may be associated with preventable deaths in people with an intellectual or developmental disability.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.

- Have a valid driver's license if the operation of a vehicle is necessary to provide Residential Habilitation services.
- Have criminal history clearances per 35 P.S. § 10225.101 et seq. and 6 Pa. Code Chapter 15. If the criminal history clearance results identify a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:
 - The nature of the crime;
 - Facts surrounding the conviction;
 - Time elapsed since the conviction;
 - The evidence of the individual's rehabilitation; and
 - The nature and requirements of the job.

Documentation of review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Nutritional Consultation

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Nutritional Consultation	15 min	\$18.88	1:1	23 Nutritionist	230 Registered Nutritionist	S9470	SE: State & Federal Funding
Place of Service Codes: 02 (Telehealth Provided Other than in Patient's Home), 10 (Telehealth Provided in the Home), 11 (Office), 12 (Home), 99 (Other Place of Service). Electronic Visit Verification? No							
SERVICE DEFINITION							

Nutritional Consultation provides assistance to participants with an identified food allergy, food sensitivity, or a serious nutritional deficiency, which can include inadequate food and overeating. Nutritional Consultation assists the participant and/or their families and caregivers in developing a diet and planning meals that meet the participant's nutritional needs while avoiding any problem foods that have been identified by a physician.

Services are rendered according to a plan for nutritional consultation services based on an assessment of the participant's nutritional needs.

Teleservices

Teleservices are the delivery of direct services using remote technology. Both the assessment and the subsequent Nutritional Consultation services may be provided using teleservices in accordance with ODP policy, see [Appendix E](#).

Travel time may not be billed by the provider as a discrete unit of this service.

This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Provider Type: Dietician-Nutritionist Agency

- Staff (direct, contracted or in a consulting capacity) providing this service must hold a state license in Pennsylvania (49 Pa. Code Chapter 21, subchapter G), or a license in the state where the service is provided.

Agencies must meet the following standards regardless of service location:

- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Complete standard ODP required orientation.
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have Worker's Compensation Insurance in accordance with state law.
- Ensure that staff (direct, contracted or in a consulting capacity) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.

Provider Type: Individual Dietician-Nutritionist

- Individual Dietitian-Nutritionists (direct, contracted or in a consulting capacity) must hold a state license in Pennsylvania (49 Pa. Code Chapter 21, subchapter G), or a license in the state where the service is provided.

Individual staff providing this service must meet the following standards regardless of where services are rendered:

- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Remote Supports

Waiver Service	Unit	Staffing	Provider Type	Provider Specialty	Procedure Code
Remote Supports	Item	1:1	51 Home and Community Habilitation	364 Remote Supports	W6087 Technology (Equipment)
	Item				W6088 Maintenance (Service)
Place of Service Codes: 02 (Telehealth Provided Other than in Patient’s Home), 10 (Telehealth Provided in the Home) , 11 (Office), 12 (Home), 99 (Other Place of Service).					
Electronic Visit Verification? No					
Procedure Codes Notes: The following procedure codes are to be used for any Remote Supports authorizations:					
- W6087 (Remote Support – Technology/Equipment). This procedure code must be used for the costs associated with delivery, installation, adjustments, monthly testing, monitoring, maintenance, and/or repairs to the remote supports technology and equipment. This procedure code must also be used for the costs to purchase, rent, or lease: - Technology devices utilized in the home and community that are monitored by staff; - Technology devices utilized for two-way real time communication (if different from above); and - The equipment necessary to operate the technology devices. - W6088 (Remote Support - Service). This procedure code must be used for the costs associated with staff’s time actively monitoring technology devices or equipment and directly responding to the individual’s needs. The units must reflect the number of hours that the individual is scheduled to receive Remote Supports during the authorization period. - ODP has not set a fee schedule rate for procedure codes W6087 and W6088. The rates for these procedure codes are considered vendor goods and services. This means the Supports Coordinator must enter the technology costs and hourly service delivery costs that are charged by the provider to the general public for Remote Supports.					
LIMITATIONS					

Participants who receive Residential Habilitation Community Living or Life Sharing services may be authorized to receive only Remote Supports Equipment and Technology (procedure code W6087) for technology and equipment that will be used in the delivery of remote supports as a method of residential service delivery. Participants who receive Residential Habilitation Community Living or Life Sharing services may not be authorized to receive the Remote Supports Maintenance service (procedure code W6088) as this service component is covered in the rate paid for the residential service. A residential provider must be listed as the provider agency for the remote support technology/equipment prior to billing for the technology/equipment through PROMISE. The residential provider can subcontract with

another agency to provide the technology/equipment and reimburse the subcontracted agency outside of HCSIS and PROMISE.

Remote Supports technology and equipment that is purchased, not leased, through this service is the property of the participant and must accompany the participant when the participant moves into a new home.

Remote Supports can only be provided simultaneously/at the same time as the following in person direct services for 120 calendar days after installation, training and full use by the participant has begun to help the participant safely transition to independent use of Remote Supports:

- Community Support
- Respite

During the 120-calendar day transition period, in-person direct Community Support and Respite services may only be authorized on the service plan and billed for completion of the following activities that are not included in the Remote Supports service:

- Providing prompting, ongoing instruction, modeling and/or supervision to enable the participant's independent use of the Remote Supports technology equipment and devices;
- Facilitating and evaluating the participant's independent use of Remote Supports technology equipment and devices;
- Communicating progress or concerns regarding the participant's independent use of Remote Supports to the service plan team, including the Remote Supports provider; and
- Performing activities outlined in the Community Support or Respite service definition needed by the participant during the 120-calendar day transition period. These in-person direct activities do not duplicate the activities outlined in the Remote Supports service.

A service plan meeting must be held if it becomes evident that a participant will not be able to independently use Remote Supports within 120 calendar days. Alternative service options that will meet the participant's needs must be explored and added to the service plan.

A participant may continue to receive Community Support and Respite while also receiving Remote Support beyond the 120-calendar day transition period, but these services may not be delivered at the same time as Remote Support beyond the initial 120 calendar day transition period.

The direct provision of Day Habilitation services shall not be rendered on the same days and times that Remote Supports services are rendered.

SERVICE DEFINITION

The purpose of Remote Supports services is to assist participants in obtaining and/or maintaining their independence and safety within their private home and in the community and to decrease the need for assistance from others. Remote Supports is used during periods of

time that in-person services are not required. Remote Supports involve the use of technology that uses two-way real time communication in the participant's home or community that allows awake staff from an agency who is offsite to monitor and respond to the participant's safety needs. Interaction with a professional occurs as needed as part of Remote Supports but is not the main function of the service. Remote Supports shall be provided in real time, not via recording, and during service provision, staff shall be awake and not have duties other than Remote Supports. Staff responsible for monitoring devices and equipment and responding to the participant's needs must be physically located in the provider agency's secure facility.

Remote Supports Equipment and Technology that is purchased, not leased, through this service is the property of the participant and must accompany the participant when they move into a new home.

Remote Supports include the following:

- Staff who monitor and respond to the participant's needs;
- The technology utilized in the home and community that is monitored by the staff;
- The technology utilized for two-way real time communication (if different from above);
- The equipment necessary to operate the technology; and
- The costs for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the technology and equipment necessary to operate the technology.

Internet services are not covered as part of Remote Supports.

Remote Supports are fully integrated into the participant's overall system of services and supports. A Remote Supports implementation plan must be completed by the Remote Supports provider and reviewed by the service plan team in accordance with ODP policy. The Remote Supports implementation plan must include:

- How the participant's rights including the participant's right to privacy of person and possessions will be protected;
 - Recording of the participant via audio or video is prohibited. Live video or audio transmission is only allowable to persons designated by the participant and designated staff employed by the provider responsible for direct service delivery.
 - Without exception, the use of video monitoring equipment in bedrooms and bathrooms is prohibited.
 - Participants or unpaid supports who will be present during the provision of Remote Supports must be able to turn off all audio or video monitoring devices used in any part of the home or community during the provision of service.
 - If it is determined through the person-centered planning process that a participant needs audio monitoring equipment in a bedroom or bathroom, the participant must be alerted prior to the activation of any audio communication device unless the participant turns on the audio communication device

themselves.

- Live real-time video communication between the participant and a staff person may only occur in the participant's bedroom when all of the following are met:
 - The participant has chosen to receive services in their bedroom due to a medical condition which makes it difficult or impossible for them to leave their bedroom to receive services in another room in the house or the participant would like privacy from others in the home (family, housemates, etc.) during the receipt of services;
 - The participant can turn the video communication device on and off themselves or requests assistance in turning the video communication device on and off;
 - The participant does not share a bedroom with others; and
 - Service delivery via video communication will not be performed as part of any activity during which privacy would generally be expected (while a participant is in a state of undress, during sexual activities, etc.).
- Sensors and other non-audio/video devices are permitted in bedrooms and bathrooms as part of the service plan.
- How the participant's health, welfare and safety needs will be met, including completion of a back-up plan that will be implemented if there is a problem with Remote Supports;
- The training participants and any other designated persons will receive to enable the participant and others to successfully utilize the technology and equipment; and
- How Remote Supports are more cost effective than other waiver services.

The Remote Supports provider is responsible for informing the service plan team, including the participant and anyone identified by the participant, of the impact the Remote Supports will have on the participant's privacy. This includes information about whether the participant or designated persons identified in the service plan can turn off the Remote Supports device or equipment if they choose to do so. This information must be provided in a form of communication that is understood by the participant.

Once Remote Supports have been approved on the service plan, the Remote Supports provider is responsible for the following:

- Training the participant, family, natural supports and any support professionals that will assist the participant in the use of the equipment initially and ongoing as needed. This includes information about whether the participant can turn off the Remote Supports technology or equipment if they choose to do so.
- Compliance with ODP's incident management policy.
- Development of progress notes in compliance with 6100.227.
- Delivery of the equipment to the participant's residence and when necessary, to the room or area of the home in which the equipment will be used.
- Installation of the equipment, including assembling the equipment and being responsible for

any parts used for the assembly of the equipment.

- Adjustments and modifications of the equipment.
- Transferring the technology and equipment to a new home when the participant moves. This only applies when the new home is in an area served by the provider.
- Continuously monitoring the functioning of the technology.
- Development and implementation of a policy or plan to address technology malfunctions.
- Maintaining technology and equipment and ensuring necessary repairs are made to the technology and equipment. Replacement of technology and equipment is covered when the technology or equipment no longer meets the participant's needs, is obsolete, functionally inadequate, unreliable, or no longer supported by the manufacturer.
- Ongoing maintenance to ensure that Remote Supports equipment meets the following:
 - Includes an indicator that lets the participant know that the equipment is on and operating. The indicator shall be appropriate to meet the participant's needs.
 - Is designed so that it can be turned off only by the participant or designated person(s) indicated in the service plan.
 - Has 99% system uptime that includes adequate redundancy.
 - Has adequate redundancy that ensures critical system functions are restored within three hours of a failure. If a service is not available, the provider must be alerted by the equipment within ten minutes.
 - If a main hub is part of the installed system, it must be A/C powered and include a backup battery capable of maintaining a charge to ensure the continued connectivity of the Remote Supports equipment if power loss occurs. There must be a mechanism to alert staff when a power outage occurs that provides a low battery alert, and an alert if the system goes down so that back-up support, if required, is put in place until service is restored. A main hub, if required, must be able to connect to the internet via one or more different methods: hard-wired, wireless, or cellular. The main hub must also have the ability to send notifications via one or more different modes: text, email or audio, as well as the ability, if in the Remote Supports implementation plan, to connect to an automated or consumer support call center that is staffed 24 hours a day, 7 days a week.
 - Has a latency of no more than 10 minutes from when an event occurs to when the notification is sent (via text, email or audio).
 - Has the capability to include environmental controls that are able to be added to, and controlled by, the installed Remote Supports system if identified in the Remote Supports implementation plan.
 - Has a battery life expectancy lasting six months or longer, and notification must be given if a low battery condition is detected.
 - Is connected to a secure network system requiring authentication, authorization, and encryption of data that complies with 45 C.F.R. §§ 164.102 - 164.534. The provider must ensure that access to computer, video, audio, sensor, and written information is limited

to authorized persons.

- Compliance with 55 Pa. Code §§6100.301 – 307 regarding transition to a new provider.

All items purchased through Remote Supports shall meet the applicable standards of manufacture, design, and installation. Items reimbursed with Waiver funds shall be in addition to any equipment or supplies provided under the MA State Plan. Excluded are those items that are not of direct medical or remedial benefit to the participant or are primarily for a recreational or diversionary nature. Items designed for general use shall only be covered to the extent necessary to meet the participant's needs and be for the primary use of the participant.

If the participant receives Specialized Skill Development services, the Remote Supports must be consistent with the participant's Behavior Support Plan (BSP), the Crisis Intervention Plan (CIP) and/or the Systematic Skill Building Plan (SBP). This service includes collecting and recording the data necessary to support review of the service plan, the BSP and the SBP.

During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.

RESOURCES

[AAW Remote Supports Service Snapshot](#)

[Assistive Technology or Remote Supports Decision Tree](#)

[ODPANN 24-015 Implementing Changes to Remote Supports and Assistive Technology in the November Waiver Amendment – MyODP](#)

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

To provide Remote Supports services, the agency must meet the following standards regardless of service location:

- Enroll directly with ODP to render the Remote Supports service.
- Have a secure, central facility in the United States where staff render Remote Supports that has appropriate and stable connections, including redundant internet and power that ensure continuity of service in the event of a disruption or connection. This facility must be staffed 24 hours a day, 7 days a week.
- Have staff available to provide in-person training as needed or requested.
- Have a signed ODP Provider Agreement on file with ODP which requires the provider to comply with all applicable federal and state statutes, regulations, and policies, including but not limited to confidentiality and HIPAA requirements. Providers are required to develop and implement written privacy policies and procedures that are consistent with the Privacy Rule. ODP reviews these policies and procedures when complaints are received regarding privacy or as part of QA&I when warranted.

- Complete standard ODP required orientation.
- Have Commercial General Liability Insurance.
- Comply with all federal, state and local regulations that apply to the operation of its business or trade, such as the Electronic Communications Privacy Act of 1986 and section 2399.52 of the Revised Code.
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Develop and implement a quality management plan in accordance with 55 Pa. Code Chapter 6100.
- Have a professional (direct, contracted, or in a consulting capacity) available who has either a current Assistive Technology Professional certificate from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist SHIFT certification.
- Have a policy outlining the process for providing emergency replacement devices or parts as soon as possible but no later than two business days if the devices installed at the participant's residence fail and cannot be repaired.
- Have a secure and encrypted website or software that displays critical system information about each Remote Supports device installed in a participant's residence.
- Have an effective system for notifying personnel such as police, fire, emergency medical services and psychiatric crisis response entities.
- Comply with Department standards related to provider qualifications.

Individuals providing this service must meet the following standards regardless of where services are rendered:

- Be at least 18 years of age.
- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Residential Habilitation

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Residential Habilitation-Community Home	Day	\$168.87	Light	52 Community Residential Rehabilitation	521 Adult Residential - 6400	W7228
		\$237.09	Limited			W7229
		\$309.47	Extensive			W7230
		\$600.74	Intensive			W7231
		\$709.30	Intensive+			W7232
Residential Habilitation-Community Home Ineligible (State funded only Room & Board)		\$37.87	All staffing levels			W7233
Community Home Remote Supports-Technology (equipment)	item	---	---	52	521	W6087
Place of Service Codes: 99 (Other Place of Service) Electronic Visit Verification? No						
Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Residential Habilitation-1 Person-Reserved Capacity-Area 1	Day	\$92.57	--	52	521	W6081

Residential Habilitation–1 Person-Reserved Capacity-Area 2		\$84.15				W6082
Residential Habilitation–2 Person-Reserved Capacity-Area 1		\$50.47				W6083
Residential Habilitation–2 Person-Reserved Capacity-Area 2		\$45.88				W6084
Residential Habilitation–3 Person-Reserved Capacity-Area 1		\$33.65				W6085
Residential Habilitation–3 Person-Reserved Capacity-Area 2		\$30.59				W6086
Providers may use the Residential Habilitation Reserved Capacity to reserve an individual’s residential placement during the individual’s medical, hospital, or therapeutic leave not to exceed 180 consecutive calendar days from the individual’s departure from the residential service location (55 Pa. Code Ch. 6100.55). This service has two rates, Area 1 and Area 2. Area 1 rates apply to Bucks, Carbon, Chester, Delaware, Lehigh, Monroe, Montgomery, Northampton, Philadelphia and Pike counties. Area 2 rates apply to the remaining counties in Pennsylvania.						
NOTE						

Residential Habilitation levels are based on the participant’s assessed needs. It is the responsibility of the provider to set appropriate staffing levels to meet the participant’s needs. Participants receiving this service must have a Health Risk Screening Tool (HRST) completed at least annually. Participants should have another HRST administered when the participant

experiences changes at any point during the year. Refer to the [HRST Protocol](#) for further information.

LIMITATIONS

Facility capacity is limited to four or fewer participants per Community Home. A setting that is a duplex, two bilevel units and two side-by-side apartments enrolled to provide waiver services on or after the effective date of 55 Pa. Code Chapter 6100 regulations shall not exceed a program capacity of 4 in both units.

A participant who is receiving Residential Habilitation services in a Community Home where that participant is the only person receiving services in that home may not also receive Specialized Skill Development/Community Support on the same day the participant is receiving Residential Habilitation Community Home.

Participants who receive Residential Habilitation services may not receive Life Sharing, or Respite (15-minute or day) services.

All residential habilitation settings in which Residential Habilitation Services are provided must be integrated and dispersed in the community in noncontiguous locations and may not be located on campus settings. To meet this requirement, the location of each residential habilitation setting must be separate from any other ODP-funded residential habilitation setting and must be dispersed in the community and not surrounded by other ODP-funded residential habilitation settings. Locations that share only one common party wall are not considered contiguous. Residential habilitation settings where Residential Habilitation services are provided should be located in the community and surrounded by the general public. New residential habilitation settings or changes to existing residential habilitation settings must be approved by ODP or its designee utilizing the ODP residential habilitation setting criteria.

Residential Habilitation may not be provided in a home enrolled on or after the effective date of 55 Pa. Code Chapter 6100 regulations that is adjacent to any of the following regardless of the funding source of the individuals served:

- Licensed public and private (ICF/ID) (55 Pa. Code Chapter 6600) or ICF/ORC.
- Licensed Personal Care Homes (55 Pa. Code Chapter 2600).
- Licensed Assisted Living Residences (55 Pa. Code Chapter 2800).
- Licensed Adult Training Facilities (55 Pa. Code Chapter 2380).
- Licensed Vocational Facilities (55 Pa. Code Chapter 2390).
- Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11).

Exceptions are allowed for Residential Service locations to share one common party wall with one other Residential Service location funded through ODP's waivers in the form of a duplex, two bilevel units, and two side-by-side apartments. This exception does not extend to Residential Service locations that are not funded through ODP's waivers.

Settings enrolled on or after the effective date of the Chapter 6100 regulations shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation being provided.

For all individuals receiving Residential Habilitation Community Home, SC monitoring via remote monitoring is not permitted and no more than six months can lapse between face-to-face monitorings at the residential setting.

SERVICE DEFINITION

Among the services offered through the AAW, Residential Habilitation is considered the most restrictive due to its high level of supervision and structured environment. Residential Habilitation cannot be used solely to meet housing needs. This service is intended as a means to facilitate the delivery of comprehensive habilitation services. Residential Habilitation should not be authorized solely to meet a participant's short or long-term housing needs. Residential Habilitation assists participants in acquiring, retaining, and improving the communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community when services provided in a more integrated setting cannot meet the participant's health and safety needs. This service also includes any necessary assistance in performing activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant's capacity to perform these tasks independently.

Residential Habilitation services must be necessary to achieve the expected goals identified in the participant's service plan. Prior to Residential Habilitation services being authorized, the SC, in collaboration with the service plan team, must justify the need for Residential Habilitation services by completing a Residential Habilitation Request Form. This process is designed to ensure that services are provided in the most integrated environment.

This service includes the supports necessary to address the participant's goals as documented in the participant's ISP to enable the participant to:

1. Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.
2. Develop and maintain positive interactions and relationships with residents of the home and share meals and activities, as appropriate.
3. Learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying out prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation or abuse. This also involves responding to emergencies in the home and community such as fire or injury, and knowing how and when to seek assistance.

4. Manage or participate in management of medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records. The staff providing this support may also administer medications in accordance with applicable regulatory guidance and ODP policy.
5. Manage participant's mental health and emotional wellness including self-management of emotions applying trauma informed care principles and practices and accessing mental health services, which includes services not provided under the waiver.
6. Participate in the development and implementation of a participant's service plan and direct the person-centered planning process. This involves identifying who should participate and defining the participant's desired goals.
7. Develop or expand decision making skills, to include identifying and evaluating options/choices against personal preferences and desired goals. This also includes assistance with identifying supports available within the community.
8. Achieve financial stability through management of personal resources, general banking and balancing accounts, record keeping, managing savings accounts and participating in programs such as ABLE accounts.
9. Communicate with providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media, consistent with the participant's preferences. The service may require knowledge and use of sign language or interpretation for participants whose primary language is not English.
10. Use a range of transportation options such as buses, trains, cab and ride-sharing services, driving, and joining car pools, etc. The Residential Habilitation provider is responsible for arranging and/or providing transportation to activities related to health, community involvement and the participant's service plan.
11. Develop and manage relationships with other residents of the same home and, as appropriate, share responsibilities for shared routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning and scheduling shared recreational activities and other typical household routines, resolving differences and negotiating solutions.
12. Develop and maintain meaningful relationships with members of the broader community such as with neighbors, coworkers, friends and family.
13. Exercise rights as a citizen and fulfill their civic responsibilities by voting, serving on juries, attending public community meetings, participating in community projects and events with volunteer associations and groups, serving on public and private boards, advisory groups, and commissions, and developing confidence and skills to enhance their contributions to the community.
14. Develop personal interests such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to explore.
15. Participate in preferred activities of community life such as shopping or going to restaurants, museums, movies, concerts and faith-based services.

The Residential Habilitation provider is also responsible for:

- The identification of risk to the participant and reducing the risk through actions such as reporting incidents as required by ODP, the Older Adults Protective Services Act, and the Adult Protective Services Act, and/or calling emergency officials for immediate assistance.
- The provision of physical health maintenance services, including those required by a licensed nurse when required to assure health and wellness or as required in the service plan.
- Providing transportation to activities related to health, community involvement and the participant's service plan.
 - This service includes transportation to activities when transportation to the activity is not included in the Medicaid State Plan or other services in this waiver. Those transportation costs are built into the day rate for this service. The transportation assumptions do not include transportation that is covered by the State Plan. Participants authorized to receive the Residential Habilitation service may only be authorized for waiver Transportation services as a discrete service when the participant requires transportation to or from a job that meets the definition of competitive integrated employment.
 - The provider is not responsible for transportation for which another provider is responsible.

If the participant receives Specialized Skill Development Services, this service includes implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP), and/or the Systematic Skill Building plan (SBP). Residential Habilitation includes collecting and recording the data necessary to support review of the service plan, the BSP and the SBP.

Residential Habilitation requires the implementation of Goal Attainment Scaling (GAS) to monitor and report on quarterly progress of goals and objectives. Every goal/objective must have a relevant GAS chart created. When Systematic Skill Building is authorized at the same time as Residential Habilitation, both services share the same goals/ objectives, but the development and implementation of GAS is the responsibility of the provider of the Systematic Skill Building Service.

The Residential Habilitation provider is responsible for providing transportation to activities related to health, community involvement and the service plan. The Residential Habilitation provider is not responsible for transportation for which another provider is responsible.

When an individual is receiving residential services from one provider and is transitioning from that provider to a new residential services provider, only the current residential provider that the individual is transitioning away from can bill for the day that the transition occurs regardless of the number of hours of service rendered by either provider. The reason for this is because two-day units of service may not be billed on the same day.

Residential Habilitation service providers, the participant and ISP team can consider the following to best meet the participant's transportation needs in the most cost-effective manner:

- Provide transportation by use of agency staff and agency vehicles.
- Subcontract with the transportation entity that meets the transportation qualification criteria.
- Ensure that individuals who are eligible for or are currently accessing other transportation services, such as Medical Assistance Transportation Program, city and regional transportation, and the like, have access to those services.
- Explore the use of other generic public transportation services with the cost paid by the Residential Habilitation service provider.
- Explore resources and opportunities available through family and the community.
- For transportation to or from a job that meets the definition of competitive integrated employment, and that need is documented in the service plan, the residential provider may provide the service and bill discretely or an arrangement with another transportation provider can be made.

To the extent that Residential Habilitation is provided in community settings outside of the residence, those settings must be inclusive in the community rather than segregated. Residential Habilitation does not include payment for room or board.

When a participant's rights as specified in 55 Pa. Code §§ 6100.182 and 6100.183 are modified, the modification must be supported by a specific assessed need, agreed upon by the service plan team and justified in the service plan. When any participant rights are modified due to requirements in a court order, the modification must be included in the service plan and must be followed. Because the origin of the rights modification is a court order, team agreement is not a requirement for implementation of the modification.

The Residential Habilitation provider shall ensure that a room and board residency agreement, on a form specified by ODP ([DP-1077](#)), is executed annually. The provider is responsible to provide a copy of the agreement to the participant's assigned Supports Coordinator annually.

The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met and to modify the ISP as necessary. The review must include an assessment of the participant's progress, identification of needs, and plans to address those needs.

Residential Habilitation Community Homes is provided in a licensed facility not owned by the participant or a family member. Residential Habilitation Community Homes is provided in a setting licensed under 55 Pa. Code Chapter 6400 (Community Homes for Individuals with an Intellectual Disability or Autism). A Community Home is defined in 55 Pa. Code Chapter 6400 as, "A building or separate dwelling unit in which residential care is provided to one or more individuals with an intellectual disability or autism".

Participants authorized to receive Residential Habilitation services:

May receive Remote Supports Equipment and Technology (procedure code W6087) to purchase or lease equipment or technology that will be used exclusively by the participant for the delivery of remote supports as a method of Residential Habilitation (Community Homes or Life Sharing) service delivery. All items purchased through Remote Supports shall meet the applicable standards of manufacture, design and installation. Items reimbursed with Waiver funds shall be in addition to any equipment or supplies provided under the MA State Plan. Excluded are those items that are not of direct medical or remedial benefit to the participant or are primarily for a recreational or diversionary nature. Items designed for general use shall only be covered to the extent necessary to meet the participant's needs and be for the primary use of the participant.

Remote Supports service (W6088) cannot be authorized as a separate service on the service plan for participants who are authorized to receive Residential Habilitation (Community Homes or Life Sharing) services as monitoring by and interaction with professionals are covered in the rates for the residential services.

Remote Supports as a Method of Residential Habilitation (Community Homes) Service Delivery

Remote supports involve the use of technology that uses two-way real time communication in the participant's home and/or community that allows someone from off-site to monitor and respond to the participant's health and safety needs. Remote supports are an optional method of service delivery rendered as part of Residential Habilitation services that must enhance or increase the participant's independence, reduce the participant's need for direct support, and comply with 42 CFR 441.301(c)(4)(vi)(A) through (D) related to privacy, control of schedule and activities and access to visitors.

Participants must have an informed choice to receive remote supports as a method of service delivery. This method of service delivery may only occur when the service plan team determines that remote supports is the most appropriate service delivery method to meet the participant's needs (including health and safety needs) and goals.

Remote supports must be documented and are fully integrated into the participant's overall system of support using person-centered planning. Prior to implementing remote supports as a method of residential service delivery, the residential provider must discuss the following with the service plan team to determine the appropriateness of this service delivery method:

- An evaluation plan that, at a minimum, includes:
 - The need(s) of the participant that will be met by the remote supports;
 - The equipment and/or devices that will be used and the participant's control over the equipment and/or devices. The participant's control over the equipment will be

determined on a case-by-case basis depending on the device(s)/equipment used and the participant's needs;

- How the remote supports will ensure the participant's health, welfare and independence; and
- The training needed to successfully utilize the technology. This includes training the participant and staff on the equipment and/or devices that will be used.
- An outcome monitoring plan.
- The back-up plan that will be implemented should there be a problem with the remote supports, including the equipment and/or devices used. The back-up plan must be developed in accordance with guidance in [Appendix D-1-e](#) of the AAW to ensure that the health and safety needs of each participant will be met.
- The impact the remote supports will have on the participant's privacy, including whether devices and/or equipment used facilitate each participant's right to privacy of person and possessions.
 - Recording of live interactions with the participant via audio or video is prohibited. Live video or audio transmission is only allowable to persons designated by the participant and designated staff employed by the provider responsible for direct service delivery.
 - Without exception, the use of video monitoring equipment in bedrooms and bathrooms is prohibited.
 - It is allowable for staff to provide live audio prompts needed by the participant in bathrooms and bedrooms as part of this method of service delivery. The participant must be alerted prior to the activation of any audio communication device unless the participant turns on the audio communication device themselves.
 - Live real-time video communication between the participant and a staff person may only occur in the participant's bedroom when all of the following are met:
 - The participant has chosen to receive services in their bedroom due to a medical condition which makes it difficult or impossible for them to leave their bedroom to receive services in another room in the house or the participant would like privacy from others in the home (staff, family, housemates, etc.) during the receipt of services;
 - The participant turns the video communication device on and off themselves or requests assistance in turning the video communication device on and off;
 - The participant does not share a bedroom with others; and
 - Service delivery via video communication will not be performed as part of any activity during which privacy would generally be expected (while a participant is in a state of undress, during sexual activities, etc.).

- All audio and video devices that are used to render remote supports in any location in the home or community must include indicators that let the participant know that the devices are on and operating in audio or video mode.
- Sensors and other non-audio/video devices are permitted in bedrooms and bathrooms as part of the service plan.

Residential Habilitation services must be delivered in Pennsylvania.

During temporary travel, this service may be provided in Pennsylvania or other locations as per the [ODP travel policy](#).

RESOURCES

[AAW Res Hab Service Snapshot](#)

[ODP Bulletin 00-25-01: Room and Board Requirements for Individuals Enrolled with the Office of Developmental Programs](#)

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Only licensed service agencies (55 Pa. Code Chapter 6400, Community Homes, or 55 Pa. Code Chapter 6500, Life Sharing Homes) may enroll for this service.

Certificate:

SUPPORTIVE TECHNOLOGY PROFESSIONAL

When rendering remote support services to participants, the Residential Habilitation provider must have a supportive technology professional (direct, contracted, or in a consulting capacity) available who has either a current Assistive Technology Professional certificate from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist SHIFT certification. The supportive technology professional is responsible for:

- Completion of evaluations of participants' assistive technology needs, including a functional evaluation of the impact of appropriate remote supports.
- Completion of an evaluation plan that, at a minimum, includes: the need(s) of the participant that will be met by the remote supports; how the remote supports will ensure the participant's health, welfare and independence; the training needed to successfully utilize the technology; and the back-up plan that will be implemented should there be a problem with the remote supports.
- Informing the participant, and anyone identified by the participant, of what impact the remote supports will have on the participant's privacy. This information must be provided to the participant in a form of communication to be understood by the participant. This process must be completed prior to the utilization of remote supports and any time there is a change, including technology devices utilized.

Ensuring that the remote supports technology is in working order. This information will be provided to the participant and service plan team for discussion and inclusion of the remote supports in the service plan.

The provider is responsible to ensure that all subcontracted entities that will render the remote support service in the residential setting meet the qualification criteria specified for the remote support service.

PROGRAM SPECIALIST

Program specialists must have a combination of education and experience that aligns with applicable regulatory requirements and is approved by the Department.

Agencies must meet the following standards:

- Have a waiver service location in Pennsylvania.
- Annually submit to ODP the most recent financial statements (**Income Statement and Balance Sheet**).
- Meet the requirements of 55 Pa. Code 6400 (Community Homes) or 6500 (Life Sharing), as applicable.
- Actively provided direct non-residential HCBS as a provider enrolled to provide ODP Waiver services for the two years immediately prior to enrolling to provide Residential Habilitation/Life Sharing services and be in good standing (not subject to sanctions or enforcement actions by the Department).
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have documentation that all vehicles used in the provision of Residential Habilitation services have automobile insurance.
- Have documentation that all vehicles used in the provision of Residential Habilitation services have current State motor vehicle registration and inspection.
- Have Worker's Compensation Insurance in accordance with state law.
- Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day.
- Ensure that staff (direct, contracted, in a consulting capacity or volunteers) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.
- The Residential Habilitation/Life Sharing provider is also responsible for providing physical health maintenance services, including those required by a licensed nurse when required to assure health and wellness or as required in the service plan.

- Ensure that Supports Coordination Organizations and the Department have 24-hour access to Residential Habilitation senior management personnel (Executive Director, Chief Executive Officer, Chief Operations Officer or Director, Assistant or Associate Director) for response to emergency situations related to the provision of the Residential Habilitation service.
- At least one of the following must have experience working with individuals with an intellectual disability, developmental disability, and/or autism and have a bachelor's degree:
 - Executive Director,
 - Chief Executive Officer,
 - Chief Operations Officer, or
 - Director, Assistant or Associate Director.
- The organization must have a chief financial officer with 5 years' experience or evidence of contracted financial management services.
- Have a person fill the role of Chief Executive Officer (CEO) at all times. The agency must have a written plan stating who will fill the role of the CEO should the current CEO leave their position.
- In the case of an entity newly enrolled to provide Residential Habilitation/Life Sharing services, or a current provider hiring new executive level staff, one of the following positions:
 - Executive Director
 - Chief Executive Officer,
 - Chief Operations Officer, or
 - Director, Assistant or Associate Director
- Must have a bachelor's degree & a minimum of 5 years' experience in an executive-level position relating to the provision of residential services to individuals with an intellectual disability, developmental disability, autism, and/or serious mental illness, with responsibility for all of the following:
 - Day-to-day residential agency operations;
 - Oversight of the development and implementation of residential agency-wide policies and procedures;
 - Supervision of management-level staff; and
 - Compliance with applicable state and federal regulations.
- Newly hired CEOs must complete the ODP approved Health Risk Screening Tool Orientation and Dual Diagnosis Training within 30 days of hire.
- Notify the ODP Regional Office within 10 business days of the hiring date of a new CEO, including an interim or acting CEO.
- Employ program specialist(s) who are responsible for a total of no more than 30 participants who receive Residential Habilitation services or any other service.

Individual staff providing this service as well as volunteers utilized in providing this service, if they will spend any time alone with a participant, must meet the following qualifications:

- Be at least 18 years of age.
- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete a Department-approved training on the common health conditions that may be associated with preventable deaths in people with an intellectual or developmental disability.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a valid driver's license if the operation of a vehicle is necessary to provide Residential Habilitation services.
- Have criminal history clearances per 35 P.S. § 10225.101 et seq. and 6 Pa. Code Chapter 15. If the criminal history clearance results identify a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:
 - The nature of the crime;
 - Facts surrounding the conviction;
 - Time elapsed since the conviction;
 - The evidence of the individual's rehabilitation; and
 - The nature and requirements of the job.

Documentation of review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Respite

Waiver Service	Unit	Staffing	Rate	Provider Type	Provider Specialty	Procedure Code
Respite – In-Home	15 min	1:1	\$10.37	51 Home & Community Habilitation	512 Respite Care – Home Based	W7213
Respite – Licensed Out-of-Home	Day	All staffing levels	\$302.46	51 Home & Community Habilitation	513 Respite Care – Out of Home	W7211
	15 min		\$7.56			W7212
Respite – Unlicensed Out-of-Home	Day	All staffing levels	\$231.81	51 Home & Community Habilitation	513 Respite Care – Out of Home	W9495
	15 min		\$5.80			W9596
Place of Service Codes: 12 (Home, for W7213 only), 99 (Other Place of Service).						
Electronic Visit Verification? Yes, for W7213 (Respite – In Home) and W9495 and W9596 (Unlicensed Out-of-Home Respite). No, for licensed out-of-home Respite: W7211 and W7212 .						
LIMITATIONS						

Authorization for Respite is limited to:

- 30 units of respite licensed out of home day rate; or
- a combination of any 15-minute or day unit of respite services equaling 30 times the licensed out of home day rate per plan year.
- This is equal to a total of \$9,074.00 per plan year.

The plan year starts on the ISP plan effective date.

The participant may receive both hourly and daily respite during the year as long as the amount of respite does not exceed the amount approved on the participant's ISP.

In the event that respite services would be needed beyond the above limits in order to assure health and welfare, an exception to this limit may be requested. In this situation, the SC will convene an ISP meeting of the participant and other team members within 5 business days of the need for an exception being identified to assure the participant's health and welfare

through other supports and services, including requesting an exception to the limitation on respite services.

Respite services (15-minute unit services only) may not be provided at the same time that Community Support, Day Habilitation, Supported Employment (when provided directly to the participant), Career Planning (Job Finding or Vocational Assessment), Therapy, or Small Group Employment is provided.

Participants authorized to receive Residential Habilitation Community Home services may not be authorized to receive Respite services (15-minute or Day).

Participants who need more than 30 hours a week of direct staff contact cannot receive respite services in an unlicensed respite home.

Travel time may not be billed by the provider as a discrete unit of this service.

This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

SERVICE DEFINITION

Respite services are direct services provided on a short-term basis to support participants living in private or Life Sharing homes. These services offer short-term relief to a participant's caregiver when the caregiver is temporarily unavailable due to planned or emergency situations. Respite services facilitate the participant's routine activities, maintaining their regular schedule of activities to the degree possible, including activities that allow participation in the community.

Service Components

This service includes activities to improve the participant's capacity to perform activities of daily living (ADLs) (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (IADLs) (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation).

If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan.

Locations Where Respite Services May Be Provided:

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

- Participant's private home;
- Unlicensed home controlled by a provider or a private home of respite provider's staff that is located in Pennsylvania, Washington DC, or Virginia or a state contiguous to Pennsylvania.
 - Participants who need more than 30 hours a week of direct staff contact cannot receive respite services in an unlicensed respite home.
- Unlicensed and Licensed Life Sharing home (Title 55 Pa Code Chapter 6500),

- Licensed Community Home (Title 55 PA Code Chapter 6400) within the home's approved program capacity of 1 to 4.
- Licensed Community Residential Rehabilitation Services for the Mentally Ill Home (55 Pa. Code Chapter 5310) located in Pennsylvania.
- Other private homes, hotels, or rentals during temporary travel in accordance with ODP's travel policy.
- Community settings to maintain the participant's regular schedule of activities. This includes general public community settings such as parks, libraries, museums and stores.
- Unlicensed Out-of-Home Respite
 - A building or separate dwelling unit owned, leased or operated by a provider in which residential care is provided to one or more individuals with an intellectual disability or autism who need a yearly average of more than 30 hours direct staff contact per week per home must be licensed as a Chapter 6400 Community Home.
 - If an individual is receiving Respite in a Respite Home, and the individual receives more than 30 hours per week of direct staff contact by the Respite Provider, Respite provision in the Respite Home must end or a license must be obtained within 30 days of the date the individual was admitted to the Respite Home.
 - If the combined total of direct service hours for all participants (AAW and/or ID/A) in the unlicensed respite home exceeds 30 hours per week, the participant cannot receive respite services in that home.
 - Additional information can be found in the [Chapter 6400 Regulatory Compliance Guide \(RGCs\)](#).

Emergency Situations

In emergency situations, Respite services may be provided in:

- A home licensed under 55 Pa. Code Chapters 6400, 6500, or 5310 beyond the home's approved program capacity (but not beyond the home's licensed capacity); or
- A non-waiver funded licensed residential setting or in a hotel when approved by ODP. Settings considered non-waiver funded licensed residential settings include residential settings located on a campus or that are contiguous to other ODP-funded residential settings (settings that share one common party wall are not considered contiguous).

This will also include settings enrolled on or after the effective date of the Chapter 6100 regulations that are located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation, Life Sharing or Supported Living being provided.

An emergency circumstance is defined as a situation where:

- A participant's health and welfare is at immediate risk;
- A participant experiences the sudden loss of their home (due to, for example, a fire or natural disaster). This is not intended to replace a residential provider's responsibility to secure an alternative if there is a need for an emergency location;
- A participant loses the care of a relative or unrelated caregiver, without advance warning or planning; or
- There is an imminent risk of institutionalization.

Family Members

Respite services may be provided by a relative as long as the relative or family member is not a legal guardian, does not have power of attorney for the participant, and does not reside in the home. Relatives who provide Respite services must meet the same provider qualification standards as Direct Support Professionals who provide Respite Services to non-relatives.

Types of Respite

Respite is provided as follows:

15-Minute Unit Respite: In the participant's home or out of the home for periods of 16 hours or less and is billed using a 15-minute unit.

Participants may **not** be authorized for 15-minute unit Respite provided in Residential Habilitation settings or Life Sharing settings. Day respite is the only type of Respite allowable to be provided in these settings.

Day Respite: Out of the participant's home for periods of more than 16 hours and is billed using the day rate.

Day respite is the **only** type of respite allowable in Residential Habilitation-Community Homes or Life Sharing settings. Day respite authorized in these settings must be provided for periods of more than 8 hours.

Room and Board

- Participants may not be charged the costs associated with room and board for respite services.
- When provided inside the home, the respite provider is not responsible for the costs associated with room and board.
- Room and board cost are included in the fee schedule rate for respite provided outside the home.
- Federal financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

- Participants who receive Respite services in locations where Residential Habilitation or Life Sharing is rendered may not be charged for Room and Board (55 Pa. Code § 6100.690).

Travel

During temporary travel, this service may be provided in Pennsylvania or other locations as per the [ODP travel policy](#).

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

When Respite is provided in a residential or family setting in Pennsylvania, proof of the following licensure must be provided when applicable:

- 55 Pa. Code Chapter 6400 when Respite is provided in a Community Home for people with intellectual disabilities or autism;
- 55 Pa. Code Chapter 6500 when Respite is provided in a Life Sharing Home.

Agencies must meet the following standards regardless of service location:

- Have a waiver service location in Pennsylvania, Washington DC, Virginia, or a state contiguous to Pennsylvania.
- Complete standard ODP required orientation.
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have documentation that all vehicles used in the provision of Respite services have automobile insurance.
- Have documentation that all vehicles used in the provision of Respite services have current State motor vehicle registration and inspection.
- Have Worker's Compensation Insurance in accordance with state law.
- Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.
- Providers newly enrolling to render Respite services must provide ODP home and community-based services to a minimum of 1 separate and distinct participant in the first calendar year after enrollment. Starting 7/1/2027, currently enrolled providers must render ODP home and community-based services to a minimum of 1 separate and distinct participant each plan year. ODP will use the provider's Master Provider Index number to determine if the provider is rendering any ODP waiver services to a minimum of 1 separate and distinct participant. Additionally, the provider must render ODP home and community-based services each quarter.

Individuals providing this service must meet the following standards regardless of where services are rendered:

- Be at least 18 years of age.
- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

- Have a valid driver's license if the operation of a vehicle is necessary to provide Respite services.

Small Group Employment

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Small Group Employment	15 min	\$3.42	<1:6 ->1:3.5	51	516	W0012
		\$5.03	<1:3.5 - >1:1	Home & Community Habitation	Transitional Work Services	W0011
<i>Place of Service Codes:</i> 99 (Other Place of Service). <i>Electronic Visit Verification?</i> No						
LIMITATIONS						

Total combined hours for Specialized Skill Development/Community Support, Day Habilitation, Supported Employment and Small Group Employment services are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must request an exception to the limit consistent with ODP policy.

Participants authorized to receive Small Group Employment services may not receive the direct portion of the following services at the same time: 15-minute unit Respite, Day Habilitation, Community Support, Supported Employment, Transportation and Nutritional Consultation.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in Small Group Employment services; or
- Payments that are passed through to users of Small Group Employment services.

Small Group Employment services are only billable when the participant is receiving direct support during the time that he or she is working and receiving wages through one of Small Group Employment options or during transportation to a work site.

Small Group Employment may be provided without referring a participant to OVR because OVR does not provide Small Group Employment.

SERVICE DEFINITION

Small Group Employment services are direct services that provide community employment opportunities in which the participant is working alongside other people with disabilities. The intent of this service is to support individuals in the acquisition of knowledge, skills and experiences that lead to competitive integrated employment, including self-employment. Small Group Employment occurs in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations such as an integrated industry, business or community setting. Small Group Employment does not include Supported Employment services.

Participants must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work.

Small Group Employment options include: mobile work force, workstation in industry, affirmative industry, and enclave. Each of these options are delivered in integrated business, industry or community settings that do not isolate participants from others in the setting who do not have disabilities. Services must be provided in a manner that promotes engagement in the workplace and interaction between participants and people without disabilities including co-workers, supervisors, and customers, if applicable. Small Group Employment is only billable when supporting the participant during the time that he or she is working and receiving wages through one of these service options or during transportation to a work site.

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) demonstrate job expertise and meet established work standards. A Work Station in Industry is an employment station arranged and supported by a provider within a community business or industry site, not within a licensed facility site. An example would be three seats on an assembly line within a computer chip assembly factory. The provider has a contract with the business to ensure that those three seats are filled by participants that they support.

Affirmative Industry is a business that sells products or services where at least 51% of the employees do not have a disability. Supervisory personnel and staff of providers who are paid to render the Small Group Employment service cannot be counted in the percentage of employees who do not have a disability.

Enclave is a business model where a small group of participants is employed by a business/industry to perform specific job functions while working alongside workers without disabilities.

Small Group Employment includes supporting the participant with personal care needs that cannot, or would be inappropriate to, be provided with the support from coworkers or other natural supports.

The service includes transportation that is an integral component of the service, for example, transportation from a central meeting place to a work site. The Small Group Employment provider is not, however, responsible for transportation to and from a participant's home, unless the provider is designated as the transportation provider in the participant's service plan. In this case, the transportation service must be authorized and billed as a discrete service.

Small Group Employment must be necessary to achieve the expected goals identified in the participant's service plan.

If the participant receives Specialized Skill Development services, this service includes implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP) and/or the Systematic Skill Building plan (SBP). The service includes collecting and recording the data necessary to support review of the service plan, BSP, and the SBP.

Small Group Employment services require the implementation of Goal Attainment Scaling (GAS) to monitor and report on quarterly progress of goals and objectives. Every goal/objective must have a relevant GAS chart created.

Small Group Employment may be provided without referring a participant to OVR as OVR does not provide Small Group Employment.

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Agencies must meet the following standards regardless of service location:

- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Complete standard ODP required orientation.
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have documentation that all vehicles used in the provision of Small Group Employment services have automobile insurance.
- Have documentation that all vehicles used in the provision of Small Group Employment services have current State motor vehicle registration and inspection.
- Have Workers' Compensation Insurance in accordance with state law.
- Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.

Individuals providing this service must meet the following qualifications regardless of where services are rendered:

Staff working directly with the participant must have one of the following by 7/1/2021 or within nine months of hire if hired after 1/1/2021:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or
- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of

Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

Newly hired individuals who do not have the required certification when hired must work under the supervision or mentorship of someone who is certified. This can occur for no longer than nine months from the date of hire to allow the new hire time to obtain the certification.

- Be at least 18 years of age.
- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and required annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Have a valid driver's license if the operation of a vehicle is necessary to provide Small Group Employment services.

Specialized Skill Development

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Specialized Skill Development: Behavioral Specialist	Unit (Develop Plan, FBA)	\$1,890.66	1:1	51	420	W0162	
	15 min	\$23.63	1:1	Home & Community Habilitation	Autism Behavioral Specialist	W0163 Direct	N/A
		\$23.63				W0163 Consult	SE
	Place of Service Codes (Behavioral Specialist) W0162 and W0163 SE: 02 (Telehealth Provided Other than in Patient’s Home), 10 (Telehealth Provided in the Home), 11 (Office), 12 (Home), 99 (Other Place of Service). W0163: 02 (Telehealth Provided Other than in Patient’s Home), 10 (Telehealth Provided in the Home) , 11 (Office), 12 (Home), 99 (Other Place of Service), 21 (Inpatient Hospital*). Electronic Visit Verification? No. * Place of Service code is to be used when services provided in Acute Care Hospital settings (see Bulletin 00-23-01)						
Specialized Skill Development: Community Support	15 min	\$12.46	1:1	51	510	W7201	N/A
		\$6.73	1:2	Home & Community Habilitation	Home & Community Habilitation	W7204	N/A
		\$4.82	1:3			W7205	N/A
Place of Service Codes (Community Support) W7201: 02 (Telehealth Provided Other than in Patient’s Home), 10 (Telehealth Provided in the Home), 12 (Home), 99 (Other Place of Service), 21 (Inpatient Hospital*). W7204 and W7205:02 (Telehealth Provided Other than in Patient’s Home), 10 (Telehealth Provided in the Home), 12 (Home), 99 (Other Place of Service) Electronic Visit Verification? Yes. * Place of Service code is to be used when services provided in Acute Care Hospital settings (see Bulletin 00-23-01)							
	Unit (Plan Devel	\$659.69	1:1	51	427	W7214	N/A

Specialized Skill Development: Systematic Skill Building	op, SBP)			Home & Community Habilitation	Systematic Skill Building		
	15 min (Direct	\$19.02				W7215	N/A
	15 min (Consult)					W7216	N/A
<i>Place of Service Codes</i> (Systematic Skill Building) W7215: 02 (Telehealth Provided Other than in Patient’s Home), 10 (Telehealth Provided in the Home), 11 (Office), 12 (Home), 21 (Inpatient Hospital*). For W7214 and W7216, 02 (Telehealth Provided Other than in Patient’s Home), 10 (Telehealth Provided in the Home), 12 (Home), 99 (Other Place of Service). <i>Electronic Visit Verification?</i> No * Place of Service code is to be used when services provided in Acute Care Hospital settings (see Bulletin 00-23-01)							
NOTE							

An SSD provider which meets the standards for an Organized Healthcare Delivery System (OHCDs) may furnish Assistive Technology, Home Modifications, American Sign Language (ASL)-English Interpreter Service, Transportation and Vehicle Modifications.

LIMITATIONS

Total combined hours for Community Support, Day Habilitation, Supported Employment(direct) and Small Group Employment are limited to 50 hours in a calendar week. Exceptions to this limit may be considered based upon a needs assessment and require prior authorization consistent with ODP policy.

Community Support may not be provided at the same time that 15-minute Respite, Day Habilitation, Small Group Employment, or Supported Employment services (when provided directly to the participant) are provided.

If a participant is receiving Residential Habilitation services, Community Support cannot be delivered inside the Residential Habilitation Community Home.

A participant who is receiving Residential Habilitation services in a Community Home where that participant is the only person receiving services in that home may not also receive Specialized Skill Development/Community Support on the same day the participant is receiving Residential Habilitation Community Home consistent with ODP policy.

SERVICE DEFINITION

Specialized Skill Development (SSD) is used to address varying challenges participants may have. These challenges may include limited social skills, perseverative behaviors, rigid thinking, difficulty interpreting cues in the natural environment, limited communication skills, impaired sensory systems, or other reasons.

SSD uses specialized interventions to increase adaptive skills for greater independence, enhance community participation, increase self-sufficiency and replace or modify challenging behaviors. The intent of SSD is also to reduce the need for direct personal assistance by improving the participant's capacity to perform tasks independently.

The service encourages the use of positive behavior strategies that emphasize proactive understanding of behavior and skill development, rather than utilizing restrictive strategies.

Services are based on individually tailored plans developed by people with expertise in behavioral supports and independent living skills development. This service is designed to be implemented by the support team. The support team is defined as paid and unpaid supports chosen by the participant to be part of the service plan team.

The Specialized Skill Development service requires the implementation of Goal Attainment Scaling (GAS) to monitor and report on quarterly progress of goals and objectives. Every goal/objective must have a relevant GAS chart created.

Three types of services are included:

A. Behavioral Specialist Services (BSS)

BSS provide specialized interventions that assist a participant to increase adaptive behaviors to replace or modify challenging behaviors of a disruptive, destructive, or disturbing nature that prevent or interfere with the participant's inclusion in everyday life. The primary role of the Behavioral Specialist is to identify and transfer skills to support team members to aid them in supporting participants more effectively. BSS promotes consistent implementation of a Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP) across environments and across people with regular contact with the participant, such as family, friends, neighbors, employers, and other providers.

BSS includes both the development of an initial BSP and ongoing behavioral supports as follows:

- **Initial BSP Development** includes the following activities carried out by the qualified Behavioral Specialist:
 - Conducts a Functional Behavior Assessment (FBA) in order to develop an appropriate BSP tailored specifically to the participant;
 - Develops an individualized, comprehensive BSP that includes positive practices and interventions to be used by people coming into contact with the participant to increase

- and improve the participant's adaptive behaviors;
- Develops the BSP within 60 days of the start date of the BSS;
- Develops a CIP that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator (SC) and support team members will be kept informed of the precursors of the participant's challenging behavior, and the procedures/interventions that are most effective to deescalate the challenging behaviors;
- Enters the BSP and the CIP into HCSIS or its successor; and
- Upon completion of plan development, meets with the participant and support team to explain and provide training on the components of the BSP and the CIP to ensure all parties understand the plans.

The BSP justifies necessary levels of BSS. ODP reviews the amount of direct and consultative service requested before authorization to ensure it is appropriate given the needs identified.

The BSP may not include physical restraints as behavioral interventions. Physical restraints may only be utilized in accordance with 55 Pa. Code §§ 6100.348 and 6100.349 in the case of an emergency or crisis to prevent immediate physical harm to the participant or others by the participant. BSPs that include restrictive procedures must be approved by a human rights team prior to implementation. Regardless of the number of providers supporting a participant, continuity of care must be maintained through ongoing team communication and collaboration. The BSP should incorporate strategies for all environments in which the problem behavior(s) may occur.

Only a Behavioral Specialist qualified to provide BSS in the AAW may develop, implement, and monitor a participant's BSP, CIP, and any behavior goals. If at any time the assigned Behavioral Specialist is unavailable, the provider must have another BSS staff available as a contingency until the originally assigned Behavioral Specialist is once again available or can be replaced.

- **BSS Ongoing Support** can occur both before and after the completion of the BSP. If the participant needs behavioral support before the BSP and CIP are developed, the SC may submit a request to ODP for ongoing support to be provided during plan development. Upon completion of the initial BSP, the Behavioral Specialist provides direct and consultative supports. This service may be furnished in a participant's home and at other community locations.

Behavioral Specialist Services do not include the provision of therapy or counseling.

- BSS Direct supports are services provided when the participant is present (in person or via teleservices) and include:
 - Helping the participant to understand the purpose, objectives, methods, and documentation of the service;
 - Reviewing the BSP and CIP with the participant and support team members;
 - Providing one-on-one support to the participant (with or without paid staff or natural supports present), helping them in real time to learn, apply, and practice strategies

outlined in the BSP. Staff may provide this support by:

- Directly implementing the components of the BSP to address service plan goals;
- Collecting data and assessing progress toward goals and effectiveness of the BSP;
- Using behavioral best-practices to manage the participant's environment and to increase or decrease target behaviors.
- Providing guidance and instruction to paid staff and natural supports implementing the BSP in real time with the participant present. This includes modeling, explaining interventions, and data collection.
- Observing supporters implementing the plan and collecting data.
- Providing crisis intervention directly to the participant in response to a severe behavioral episode.

A severe behavioral episode is defined as a situation outside of the participant's typical behavioral presentation where the participant's behavior to themselves or others becomes so intense, disruptive, or dangerous that immediate action is required. Specifically, it involves increased severity of distress or agitation, such that a reasonable person would believe that without immediate intervention, significant harm or consequences would occur. Harm and consequences include, but are not limited to:

- Physical harm to the participant and/or persons around the participant;
- Imminent risk of institutionalization or incarceration of the participant; and
- Imminent damage to valuable property by the participant.

○ BSS Consultative supports are services provided when the participant is not present and include:

- Helping the support team to understand the following:
 - Purpose of the BSP;
 - Current behavioral support objectives;
 - Methods of implementation of the BSP;
 - Data collection strategies;
 - How progress on the BSP is collected and documented; and
 - The reason for revisions that have been made to the BSP.
- Creating data tools, visual aids, prompting tools, tasks analyses, instructional guides for the support team linked to the strategies in the BSP, and training the support team to implement those tools.
- Monitoring and analyzing data collected during the BSP implementation based on the goals of the BSP;
- Modifying the FBA, BSP or CIP, and if necessary:
 - Updating the plan based on relevant data;
 - Revising the FBA when there is a better data-based functional understanding of target behavior; and

- Completing a new FBA and developing a new BSP or CIP as necessary to support changes in the participant's behavioral needs.
 - Notifying the SC of changes to allow the SC to modify the ISP to align with the BSP and CIP if necessary.
- Training the support team by:
 - Developing, scheduling, and conducting training for the support team;
 - Observing implementation of the plan;
 - Providing feedback to the support team; and
 - Developing supplemental training materials or resources related to implementation of the BSP;
 - Continuously monitoring progress and adjusting the BSP to ensure its ongoing effectiveness and relevance to the participant's needs;
 - Providing crisis intervention supports to the support team.
 - Revising the BSP or CIP and updating the BSP and CIP in HCSIS or its successor and notifying the participant and support team members responsible for implementing the plan of the changes that were made to the BSP or CIP;
 - Ensuring the BSP and CIP are updated annually, as needed, and that the service plan is consistent with the participant's behavioral needs; and
 - Completing other supplemental assessments when identified by the service plan team.

Travel time may not be billed by the provider as a discrete unit of the BSS service.

During temporary travel, this service may be provided in Pennsylvania or other locations as per the [ODP travel policy](#).

B. Systematic Skill Building (SSB)

SSB aligns instructional strategies, develops instructional tools for other skill driven services to utilize during service delivery, and manages data on the participant's progress toward their desired goals and objectives. SSB uses evidence-based methods to develop instructional plans for others to implement to help the participant acquire skills that promote independence and integration into the community. The service emphasizes the use of a Skill Building Plan (SBP) which is a structured plan that focuses on teaching specific skills using a tailored approach grounded in best practices to support participants in achieving their goals. These skills do not include those that address behavioral interventions. Skills are taught in a systematic, step by step manner with the intent of increasing the participant's ability to utilize the skills independently over time.

While the Skill Building Specialist develops the SBP based on the participant's goals, the Skill Building Specialist is not the primary implementer of the SBP. The SSB service is designed to facilitate or coordinate instruction for implementation of the SBP by other direct services,

typically Community Support, Supported Employment, Day Habilitation, Residential Habilitation Community Home, or Life Sharing. The Skill Building Specialist will train other support team members in the implementation of the SBP. Other people with regular contact with the participant – such as family, friends, neighbors and employers – may also implement the SBP to ensure consistent application of the approach determined most effective for that participant’s skill acquisition. Encouraging support team members to use the same SBP also promotes generalization of skills across different environments, often a challenge for individuals with ASD.

The SSB service must adhere to and implement the BSP; however, the Skill Building Specialist should focus on addressing skills that promote independence and community participation while the Behavioral Specialist focuses on behavioral concerns as identified through the Functional Behavioral Assessment process.

This service may be furnished in a participant’s home and at other community locations.

1. SSB- Skill Building Plan (SBP) Development includes the following activities carried out by the qualified Skill Building Specialist:

- o Creates a SBP based on the participant’s desired skills. The SBP guides specialized interventions for the support team to use to help the participant learn desired skills. This coordinated approach allows the participant to practice and apply skills across a variety of settings.

There are multiple SBPs developed within this service, one SBP for each skill-driven objective.

The Skill Building Specialist begins the service by:

- o Assessing the participant’s current abilities and their baseline skills, the participant’s learning style, as reported by the participant and the supports team, and prior history with skills acquisition and instructional approaches.
 - o The Skill Building Specialist should review the participant’s current assessment records and plans such as the Individualized Support Plan (ISP), BSP, and CIP to identify opportunities for skill building that will promote success and independence.
- o Creating the SBP within 60 days of the start date of SSB-SBP Development per the service plan. A SBP must:
 - o Have skill-driven objectives aligned with the participant’s needs and desires, as captured through assessment and as documented in the service plan;
 - o Be informed by best instructional practices and evidence-based strategies;
 - o Identify what materials and instructional strategies will be used to implement the SBP;
 - o Include a plan on how to collect data about progress and who will report the data to the Skill Building Specialist;

- Include benchmarks to assess progress; and
- ⊖ Justify the requested ongoing direct and consultative services.

Upon completion of the initial SBP, the Skill Building Specialist meets with the participant and support team members to go over the SBP. The Skill Building Specialist must ensure all parties understand the SBP, know how to implement it, know how to collect necessary data for evaluating effectiveness, and understand the importance of its consistent application.

While SBPs can be updated at any time, the initial Skill Building Plan Development component of this service is provided once per participant.

2. SSB Ongoing Support: Upon completion of the initial SBP, the SSB provider provides direct and consultative supports.

- SSB Direct supports are services provided when the participant is present and include:
 - Instructing other support team members in implementation of instructional strategies to ensure accurate and consistent instructional approaches;
 - Observing the participant periodically to maintain accurate understanding of the participant's needs and preferences;
 - Reviewing the SBP with the participant (with or without the support team present);
 - Providing guidance and instruction to support team members implementing the SBP in real time with the participant. This includes modeling, explaining interventions and data collection;
 - Observing supporters implementing the plan and collecting data;
 - Training the support team by:
 - Developing, scheduling, and conducting training for the support team;
 - Observing implementation of the plan;
 - Providing feedback to the support team; and
 - Developing supplemental training materials or resources related to implementation of the SBP;
 - Continuously monitoring progress and making adjustments to the SBP to ensure its ongoing effectiveness and relevance to the participant's needs.
- SSB Consultative supports are supports provided when the participant is not present and include:
 - Supporting the support team to help them understand the following:
 - Purpose of the SBP;
 - Current SSB objectives;
 - Methods of implementation of the SBP;
 - Data collection strategies;
 - How progress of the SBP is collected and documented; and
 - The reason for revisions that have been made to the SBP;

- Creating materials, including data collection tools, and training the support team in implementation of those tools;
- Monitoring and analyzing data collected;
- Modifying the SBP regularly to maintain its effectiveness to meet the participant's goals, based upon data collected and analyzed;
- Developing a new SBP as necessary to support changing participant goals;
- Informing support team members of any changes made to the SBP; and
- Retraining support team members on changes to the SBP.

*Note: This support can be provided with or without the participant present. If support is being provided to others with the participant present, the provider should bill the direct component of this service. If the support is being provided to others without the participant present, the provider should bill the consultative component of this service. The provision of Systematic Skill Building can be provided at the same time as a waiver service that is responsible for implementing the Skill Building Plan.

Travel time may not be billed by the provider as a discrete unit of the SSB service.

During temporary travel, this service may be provided in Pennsylvania or other locations as per the [ODP travel policy](#).

C. Community Support

Community Support must be necessary to achieve the expected goals and objectives identified in the participant's service plan. It may include implementation of the BSP, the CIP, and/or the SBP, and collecting and recording the data necessary in order to evaluate progress and the need for revisions to the plan(s).

Community Support assists participants in acquiring, retaining, and improving functional and meaningful skills related to communication, socialization, self-direction, self-help, and other adaptive skills necessary to reside in the community. Community Support includes activities that improve capacity to perform activities of daily living (e.g., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (e.g., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Community Support may include personal assistance in completing activities of daily living and instrumental activities of daily living as an incidental component. Community Support may also include supporting a participant in management of the participant's medical care, including assisting the participant with scheduling and attending medical appointments, filling prescriptions and self-administering medications, keeping health logs and records, and monitoring participants for warning signs for a known diagnosis as identified in their service plan.

Community Support may be used to facilitate social interactions when the staff is providing goal-driven instruction to improve interaction skills.

Community Support can be used to assist participants with supportive parenting of their child(ren), if applicable. This includes modeling and teaching parenting skills.

The Community Support service requires the implementation of Goal Attainment Scaling (GAS) to monitor and report on quarterly progress of goals and objectives. Every goal/objective must have a relevant GAS chart created. When Systematic Skill Building is authorized at the same time as Community Support, both services share the same goals/objectives, but the development and implementation of GAS is the responsibility of the provider of the Systematic Skill Building service.

Community Support may be provided at three staff-to-participant levels:

- 1:3
- 1:2
- 1:1

The lower staffing level options should be used to allow flexibility in the level of support at times when two or three participants who share the same SSD/Community Support provider are engaged in the same activity. The staffing level is determined by the participant's need for support. One to one support is still available at those times when the participant's needs warrant it, or if the group activity is with participants using different providers. This service is provided primarily in private homes and in unlicensed, community-based settings.

Transporting participants may be billed by the provider as a discrete unit only when the participant is in the vehicle and the travel is integral to the delivery of the service.

During temporary travel, this service may be provided in Pennsylvania or other locations as per the [ODP travel policy](#).

Additional Specialized Skill Development Guidance

Behavioral Specialist, Systematic Skill Building, and Community Support may be furnished in a participant's home and at other community locations, such as libraries or stores. This service may also be delivered in an acute care hospital, when the participant is hospitalized and as described below.

Behavioral Specialist, Systematic Skill Building, or Community Support services may be delivered in an acute care hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:

- Identified in a participant's service plan;
- Provided to meet needs of the participant that are not met through the provision of hospital services;
- Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant's functional abilities; and

- Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement.

Systematic Skill Building or Community Support services can only be provided in an acute care hospital setting to assist the participant with one or more of the following:

- Communication;
- Intensive personal care; or
- Behavioral support/behavioral stabilization as enumerated in the behavioral support plan.

Behavioral Specialist services can only be provided in an acute care hospital setting to assist the participant with one or more of the following:

- Communication; or
- Behavioral support/behavioral stabilization as enumerated in the behavioral support plan.

Teleservices

Teleservices are the delivery of direct services using remote technology. Direct Behavioral Specialist, Systematic Skill Building and/or Community Support services may be provided via teleservices in accordance with ODP policy, see [Appendix E](#).

RESOURCES

[AAW FBA, BSP, CIP Process](#)

[AAW FBA, BSP, CIP Clinical Checklist](#)

[SSD Service Snapshot](#)

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Agencies must meet the following standards regardless of service location:

- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Complete standard ODP required orientation.
- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Have Commercial General Liability Insurance.
- Have documentation that all vehicles used in the provision of Specialized Skill Development services have automobile insurance.
- Have documentation that all vehicles used in the provision of Specialized Skill Development services have current State motor vehicle registration and inspection.
- Have Workers' Compensation Insurance in accordance with state law.
- Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service.

- Comply with Department standards related to provider qualifications.
- Have staff qualified to provide BSS under the AAW as a contingency in the absence of the primary Behavioral Specialist.
- The SSD provider must have a Behavioral Specialist available for crisis intervention support 24 hours a day, 7 days a week. The Behavioral Specialist on call for crisis response and the SC must have access to the participant's CIP.

Behavioral Specialists must meet one of the following education or licensure requirements regardless of where services are rendered:

- Have a Master's Degree or higher in Psychology, Education, Applied Behavior Analysis, or Social Work; or
- Have a Master's Degree or higher in any field with 50% or more coursework in Applied Behavior Analysis, or
- Have a Master's Degree or higher in a human services field related to Psychology, Education, or Social Work (and is housed in the institution's Department or School of Psychology, Education or Social Work) with 33% or more coursework in Applied Behavior Analysis, or
- Have a Pennsylvania Behavior Specialist License.

In addition to the above requirements, Behavioral Specialists must also complete the following:

- Training developed by ODP's BSASP in conducting a Functional Behavioral Assessment (FBA) and in using positive behavioral support; and
- Training developed by ODP's BSASP for Specialized Skill Development (SSD): Behavioral Specialist Services for people with autism spectrum disorders.

Individuals who provide Systematic Skill Building must meet one of the following requirements regardless of where services are rendered:

- Have a Bachelor's Degree or higher in Psychology, Education, Social Work, or a human services field related to Psychology, Education, or Social Work; or
- Have a Bachelor's Degree or higher in another field and 3 or more years' professional experience directly supporting individuals with ASD in the community.

In addition to the above requirements, Systematic Skill Building Specialists must also complete training developed by ODP's BSASP for SSD: Systematic Skill Building services for people with autism spectrum disorders.

All individuals providing Specialized Skill Development (Behavioral Specialist, Systematic Skill Building, and Community Support) must meet the following standards regardless of where services are rendered:

- Be at least 18 years of age.
- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Have a valid driver's license if the operation of a vehicle is necessary to provide Specialized Skill Development.

Supported Employment

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Supported Employment	15 min	\$20.13	1:1	53 Employment – Competitive	531 Job Support	W7200 (Direct)
						W7207 (Indirect)
Place of Service Codes: 02 (Telehealth Provided Other than in Patient’s Home), 99 (Other Place of Service), 10 (Telehealth Provided in the Home). Electronic Visit Verification? No						
NOTE						

A Supported Employment provider which meets the standards for an Organized Healthcare Delivery System (OHCDs) may furnish American Sign Language (ASL)- English Interpreter Service, and Transportation.

LIMITATIONS

Supported Employment services cannot be provided in facilities that are not a part of the general workplace.

Providers of Supported Employment services may not also be the employer of the participant to whom they provide Supported Employment.

Supported Employment does not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the workplace.

The total combined hours for Community Support, Day Habilitation, Small Group Employment and Supported Employment (direct) services are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must request an exception to the limit consistent with ODP policy.

Supported Employment (when provided directly to the participant) may not be provided at the same time that quarter hourly-reimbursed Respite, Day Habilitation, Community Support, or Small Group Employment is provided.

These services may not be utilized for volunteer positions.

Supported Employment services may not be rendered under the waiver until it has been verified that:

- The services are not available to the participant under a program funded by either the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act of 2014, or the Individuals with Disabilities Education Act;
- The Office of Vocational Rehabilitation (OVR) has closed the participant's case or has stopped providing services to the participant;
- It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, or a participant has received an offer of competitive integrated employment prior to OVR making an eligibility determination, then OVR services are considered to not be available to the participant; or
- The participant is determined ineligible for OVR services.

A participant does not need to be referred to OVR if the participant is competitively employed and solely needs supported employment to maintain the participant's current job.

See [ODP Bulletin 00-19-01, OVR Referral Process for ODP-Employment Related Services](#), or its successor, for further guidance.

When OVR is utilizing an order of selection, per [ODP Communication 25-028, What the Office of Vocational Rehabilitation's Memo Regarding the Order of Selection and Waiting List Means for the Office of Developmental Programs' Services](#), with a waitlist for any priority category in effect, participants on the waitlist may receive Career Planning or Supported Employment through this waiver in accordance with ODP policy.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in Supported Employment services; or
- Payments that are passed through to users of Supported Employment services.

SERVICE DEFINITION

Supported Employment services are individualized services that provide assistance to participants who need ongoing support to maintain competitive employment, including self-employment. Participants receiving Supported Employment services must be compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by employees without disabilities. Supported Employment may also be used to support a participant who is self-employed to provide ongoing assistance, counseling and guidance once the business has been launched.

Supported Employment is specific to the participant and can be provided both directly to the participant and indirectly for the benefit of the participant. Direct services include any support with the participant present, including support in the workplace and support to natural supports while the participant is present. Indirect services include any support to the participant's natural supports, including coworkers and supervisors, to ensure the participant's success and independence in the workplace. For instance, if the participant has lost skills, or requirements of the job are expected to change, or a co-worker providing natural supports is leaving, the employer may wish to consult with the Supported Employment provider in person, by phone, by e-mail or by text, regarding how best to address that issue and effectively support the participant.

Supported Employment includes assisting participants to make contact with relevant agencies and obtaining documents needed to access employment supports and services that educate participants on the impact of employment on current benefits. Supported Employment also includes consulting with organizations such as the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks on behalf of a participant.

Supported Employment may include personal assistance as an incidental component of the service.

If the participant receives Specialized Skill Development services, the Supported Employment service includes implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP), and/or the Systematic Skill Building plan (SBP). The Supported Employment service includes collecting and recording the data necessary to support review of the service plan, the BSP and the SBP.

Supported Employment service requires the implementation of Goal Attainment Scaling (GAS) to monitor and report on quarterly progress of goals and objectives. Every goal/objective must have a relevant GAS chart created. When Systematic Skill Building is authorized at the same time as Supported Employment, both services share the same goals/objectives, but the development and implementation of GAS is the responsibility of the provider of the Systematic Skill Building Service.

Supported Employment services do not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business.

Travel time may not be billed by the provider as a discrete unit of this service.

Supported Employment may be delivered in Pennsylvania and in states contiguous to Pennsylvania. The direct portion of this service may be delivered in any state when a participant is traveling out of state for work-related trips such as for training, conferences, or business trips.

Supported Employment includes:

- Onsite job training and skills development,
- Assisting the participant with development of natural supports in the workplace, coordinating with employers, coworkers (including developing coworker supports) and customers, as necessary, to assist the participant in meeting employment expectations,
- Addressing issues as they arise, such as training the participants in using public transportation to and from the place of employment.

Supported Employment includes the development of a fading plan or fading schedule within 6 months of the first day of service delivery. The provider will develop a fading plan or fading schedule that will address how use of this service will decrease as the participant's productivity and independence on the job increases and as he or she develops unpaid supports through coworkers and other on-the-job resources.

Ongoing use of supported employment is limited to providing supports for participants not otherwise available through the employer, such as support offered through regular supervisor channels, reasonable accommodation required under the Americans with Disabilities Act, available and appropriate natural supports, or on-the-job resources available to employees who do not have a disability.

Additional Requirements for Supported Employment

- Prior to adding Supported Employment to the ISP, SCs should update the Employment/Volunteer screen in HCSIS to include the place of employment and add the number of hours per week the participant is scheduled to work in the comments box.
- Supported Employment requires goals and objectives. Within three weeks of the service start date, objectives must be submitted by the provider to the SC.
- If a participant is laid off or stops using Supported Employment for any other reason, the employment provider must notify the SC as soon as possible so the SC can update the ISP accordingly.

Teleservices

Teleservices are the delivery of direct services using remote technology. Supported Employment teleservices may be provided in accordance with ODP policy, see [Appendix E](#).

RESOURCES

[AAW Supported Employment Service Snapshot](#)

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Agencies must meet the following standards regardless of service location:

- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Complete standard ODP required orientation.
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have documentation that all vehicles used in the provision of Supported Employment services have automobile insurance.
- Have documentation that all vehicles used in the provision of Supported Employment services have current State motor vehicle registration and inspection.
- Have Worker's Compensation Insurance in accordance with state law.
- Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.

Staff working directly with the participant must have one of the following by 07/01/2021 or within nine months of hire if hired after 01/01/2021:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or
- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

Newly hired individuals who do not have the required certification when hired must work under the supervision or mentorship of someone who is certified. This can occur for no longer than nine months from the date of hire to allow the new hire time to obtain the certification.

Individuals providing this service must meet the following standards regardless of where services are rendered:

- Be at least 18 years of age.
- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or

has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

- Have a valid driver's license if the operation of a vehicle is necessary to provide Supported Employment services.

Supports Coordination

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Supports Coordination	1 Unit (Develop Plan, ISP)	\$1,196.28	1:1	21 Case Manager	214 Supports Coordination Agency	W7199
	15 min (Ongoing)	\$25.67	1:1			T2024
Place of Service Codes: W7199:11 (Office), 12 (Home), 99 (Other Place of Service). T2024: 11 (Office), 12 (Home), 21 (Inpatient Hospital**), 99 (Other Place of Service). Electronic Visit Verification? No ** Place of Service code is to be used when services provided in Acute Care Hospital settings (see Bulletin 00-23-01)						
NOTE						

Support Coordination may not duplicate payments made to public agencies or private entities under the Medicaid State plan or other program authorities.

A Supports Coordination Organization may not provide any other direct waiver services for individuals under the AAW.

A Supports Coordination Organization which meets the standards for an Organized Healthcare Delivery System (OHCDs) may furnish Community Transition Services, Assistive Technology, Home Modifications, American Sign Language (ASL)- English Interpreter Service, Transportation and Vehicle Modifications.

A participant's Supports Coordination Organization may not have a fiduciary relationship with providers of the participant's other services, except for Community Transition Services, Assistive Technology, Home Modifications, American Sign Language (ASL)- English Interpreter Service, Transportation and Vehicle Modifications.

A participant's Supports Coordination Organization may not own or operate providers of Community Transition Services, Assistive Technology, Home Modifications, American Sign Language (ASL)- English Interpreter Service, Transportation and Vehicle Modifications with which it is acting as an OHCDs.

LIMITATIONS

The maximum caseload for a Supports Coordinator is 35 waiver participants, including participants in other Pennsylvania HCBS waivers, unless the requirement is waived by ODP in order to ensure a sufficient supply of Supports Coordinators in the waiver. An SC may not act as their own supervisor.

Supports Coordination services to facilitate transition from an institution to the community are limited to services provided within 180 days of the person leaving the facility. Providers may not bill for this service until the date of the person's entry into the waiver program.

SERVICE DEFINITION

Supports Coordination is a critical service that involves the location, coordination, and monitoring of needed services and supports for participants. The Supports Coordinator (SC) assists participants in obtaining and coordinating needed waiver and other State plan services, as well as housing (see [AAW Housing FAQ](#), for helpful information), medical, social, vocational, and other community services, regardless of funding source. This includes locating, coordinating and monitoring needed services and supports when a participant is admitted to a hospital.

The most important element of quality Supports Coordination is building relationships with the participant, their family, and their supports. When strong relationships are developed, the quality of supports and services improves. Building relationships is not a separate and distinct activity; it is integral to each function the Supports Coordinator performs.

The service includes both the development of an Individual Support Plan (ISP) and ongoing supports coordination.

1. Initial Plan Development: The Supports Coordinator:

- Conducts assessments in accordance with ODP policy to inform the initial and ongoing service plan development. The results of the assessments are reviewed and changes to the service plan are finalized during the service plan team meeting described in [Appendix D-1-d](#) of the AAW.
- Assists the participant in choosing people to be part of their planning team.
- Develops an initial service plan using a person-centered planning approach to help the planning team develop a comprehensive service plan to meet the participant's identified needs in the least restrictive manner possible. The planning team includes the Supports Coordinator, the participant, and other individuals the participant chooses (See [Appendix C](#) of this document for more information on ISP development).
- Ensures participant choice of services and providers by providing information to assist participants with making fully informed decisions.
- Facilitates community transition for participants who received Medicaid-funded institutional services (i.e., ICF/ID, ICF/ORC, nursing facility, and Institution for Mental Disease) and who lived in an institution for at least 90 consecutive days prior to their transition to the waiver. Supports Coordination activities for people leaving institutions must be coordinated with and must not duplicate institutional discharge planning.
- Assists the participant and their representative with finding, arranging for, and obtaining

services specified in an Individual Support Plan (ISP).

- Informs participants about and facilitates access to unpaid, informal, local, generic, and specialized non-waiver services and supports that may address the identified needs of the participant and help the participant achieve the goals specified in the ISP.

2. Ongoing Supports Coordination: Upon completion of the initial plan, the SC:

- Provides ongoing monitoring of the services included in the participant's service plan as described in the [Individual Monitoring](#) section below. In addition, the SC must contact the participant, their guardian, or a representative designated by the participant in the service plan at least monthly, or more frequently as necessary to ensure the participant's health and welfare. These contacts may also be made in person.
- Monthly contacts must review, at a minimum:
 - the participant's health and safety,
 - utilization of services in relation to authorizations in the ISP,
 - need for new or changed services, and
 - review of any reported or unreported incidents that occurred since the Support Coordinator's last contact. The Supports Coordinator must document this review in a service note.
- If the participant receives Behavioral Specialist Services, the SC ensures the participant's Behavioral Support Plan and Crisis Intervention Plan are consistent with the ISP, and reconvenes the planning team if necessary.
- Reconvenes the planning team to conduct a comprehensive review of the ISP at least annually or sooner if a participant's needs change or if a participant requests that the planning team be reconvened (See [Appendix C](#) of this document for more information on annual ISP development).
- Reviews participant progress on goals/objectives by reviewing required documentation and other relevant data.
- Initiates and coordinates service plan team discussions or meetings when services are not achieving desired goals or when other concerns are identified.
- Annually completes assessments in accordance with ODP policy as part of the comprehensive review of the service plan. The Supports Coordinator will use information from the assessments, as well as any additional assessments completed based on the unique needs of the participant, to revise the service plan to address all of the participant's needs. **The SC must ensure completion of required assessments prior to the day of the initial and annual ISP meeting.**
- Provides the participant and their family with information on competitive integrated employment during the annual service plan meeting and upon the participant's or family's request.

- Provides the participant and their family or other caregivers with the standard ODP information about participant direction and an explanation of the opportunity to self-direct services by enrolling in one of ODP's waivers that offers participant-directed services.
- Informs participants about and facilitates access to unpaid, informal, local, generic, and specialized non-waiver services and supports that may address the identified needs of the participant and help achieve the goals specified in the service plan.
- Supports participants in maintaining Medical Assistance eligibility. <https://home.myodp.org/document/supporting-aaw-participants-in-maintaining-medical-assistance/>
- Assists participants with identifying and qualifying for additional benefits they may be eligible to receive.
- Provides information to participants on the right to a fair hearing and assists with fair hearing requests when needed and upon request.
- Assists participants in participating in civic duties.
- Coordinates service planning with service providers to ensure there are no gaps in service or inconsistencies between services; coordinates with other entities, resources and programs as necessary to ensure all areas of the participant's needs are addressed; and contacts family, friends, and other community members as needed to facilitate coordination of the participant's relationship-based support network.
- Assists with resolving barriers to service delivery.
- Keeps participants and others who are responsible for planning and implementation of non-waiver services included in the service plan informed of participant's progress and changes that may affect those services.
- Responds to and assesses emergency situations and incidents and assures that actions taken are appropriate and timely in order to protect the health and welfare of participants.
- Arranges for modifications of services and service delivery, as necessary to address the needs of the participant, which may include submitting an AAW Request for an Exception of Established Service Limits, and modifies the service plan accordingly.
- Works with ODP on the authorization of services on an ongoing basis and when ODP identifies issues with requested services.
- Communicates the authorization status of services to ISP team members, as appropriate.
- Uses information from the LifeCourse Framework that helps lead to the good life that the participant and their family envision.
- Assists with the development of the participant's service plan.
- Annually reviews the participant's and family's (if applicable) vision for the participant's future, including living arrangements, using futures planning tools (e.g., LifeCourse Framework) and/or other relevant planning materials. The Support Coordinator should document discussion with the participant of how current available services can support the participant's skill development to achieve a long-term plan.

The Supports Coordinator must ensure that the participant's initial and annual approved service plans are distributed to the participant, family, and service plan team members who do not have access to ODP's Information System within a timeframe established by ODP policy, or upon request.

During temporary travel Supports Coordination may be provided in Pennsylvania or other locations as per the [ODP travel policy](#).

Supports Coordination Organizations must use HCSIS to maintain case records.

Travel time may not be billed by the provider as a discrete unit of this service.

If a Supports Coordination Organization cannot be located for a participant, ODP staff will perform the Supports Coordination tasks described in this waiver to assure health and welfare of the participant.

Additional Information about ISP Meetings

ISP meetings should be conducted in person with the individual and the individual's ISP team, whenever possible; however, the Supports Coordinator, at a minimum, must always be physically present with the individual during the ISP planning meeting unless BSASP regional office approval has been granted in writing for extenuating circumstances. In-person meetings offer the benefit of having the ISP team present in the room to dedicate their full attention to the individual and ISP planning activities. In addition, in-person meetings offer attendees the opportunity to communicate clearly and observe body language and other nonverbal cues from the individual and others on the ISP team. It is best practice to have as many of the other ISP team members physically present. If some ISP team members are not able to attend the ISP meeting in person, the individual must be given the choice to hold the meeting or to reschedule the meeting for a date/time when the entire team can be physically present. The participant has the choice of who attends their ISP meetings and may choose to hold the meeting without the full team present.

Supports Coordination teleservices may be used to conduct monitoring for one out of the four required face-to-face monitorings per service plan year when both of the following are met:

- The Supports Coordinator can see and hear the participant, the caregiver(s) and the environment using the technology; and
- The Supports Coordinator has given the participant an informed choice to receive the monitoring via teleservices or in-person.

Supports Coordinator Supervisor Roles and Responsibilities

The Supports Coordinator Supervisor is integral to the effective implementation of ODP requirements, ensuring oversight of Supports Coordination practices, adherence to regulatory standards, and the consistent delivery of quality, person-centered supports. The roles and responsibilities of the Supports Coordinator Supervisor include, but are not limited to, the following:

- Ensuring participants' health and welfare is being appropriately monitored and addressed;
- Ensuring that SC caseloads are within the limit of 35 waiver participants, which includes other Pennsylvania waivers, or obtaining written approval for an exception from BSASP;
- Ensuring that SCs are properly trained on how to comply with all regulations, policies, and the AAW, including policy changes and updates, as well as all BSASP communications;
- Accessing and distributing to SCs appropriate resources provided by BSASP to explain services and responsibilities;
- Being responsive to, and also ensuring SCs are responsive to, ODP BSASP communications (phone, email, and regular mail);
- Providing supervisory guidance and resources to SCs to problem solve participant risks and concerns;
- Assigning SCs to participants who have selected the SCO;
- Reviewing all ISPs for completion and accuracy and timely submission to BSASP.
 - It is critical for SC Supervisors to review all revisions to the ISP, including using the ISP Checklist for initial and annual reviews, **prior to** submitting the plan to BSASP for review.
 - If the revision is a critical revision, the SC supervisor must also ensure a service note is entered by the SC explaining the changes made in the critical revision prior to submitting the plan to "pending approval."
- Ensuring that Supports Coordination services are provided in accordance with the waiver service definition;
- Guiding and assisting SCs with managing complex situations and team dynamics;
- Participating in the incident management process;
- Assisting SCs with prioritizing their work, if needed;
- Ensuring that all SCs are conducting monthly and quarterly monitoring in accordance with AAW policies and procedures;
- Reviewing and editing, if applicable, SC service notes to ensure they are clear, entered in a timely manner, and sufficient to justify billing;
- Ensuring the participant files are up to date and include all required documentation;
- Ensuring case coverage when the assigned SC is unavailable; and

- Supporting SCs to offer appropriate opportunities related to the individual's skills and interests.

INDIVIDUAL MONITORING

NOTE: For all individuals in Residential Habilitation Community Homes and Life Sharing, remote monitorings are not permitted. No more than six months can lapse between face-to-face monitorings at the residential setting.

The Supports Coordinator monitors the implementation of the participant's service plan by visiting the participant and communicating with other waiver service providers and the participant's informal supports. The Supports Coordinator uses a standardized monitoring form developed by ODP and enters the results of the monitoring into HCSIS within 14 calendar days of the date of monitoring. ODP also monitors the implementation of the service plan through the approval of and authorizations of the initial service plan and subsequent service plans by observing if the service plans are addressing the changing needs of the participant.

During this regular monitoring, the Supports Coordinator is responsible to:

- 1) Assess the extent to which the participant has access to and is receiving services according to their service plan. This includes monitoring that providers delivered the services at the frequency and duration identified in the service plan, and that the participant is accessing the non-waiver supports and health-related services as indicated in the service plan;
- 2) Evaluate whether the services furnished meet the participant's needs and help the participant become more independent;
- 3) Assess the effectiveness of back-up plans and determine if changes are necessary;
- 4) Remind participants that they have free choice of qualified providers;
- 5) Remind the participant, providers, and informal caregivers that they should contact the Supports Coordinator if they believe services are not being delivered as agreed upon at the most recent ISP meeting;
- 6) Review the participant's progress toward goals stated in the service plan;
- 7) Observe whether the participant feels healthy and not in pain or injured;
- 8) Interview the participant and others involved in the participant's services to identify any concerns regarding the participant's health and welfare, and
- 9) Inform ODP immediately when participant's health and welfare is in jeopardy.

If at any point the Supports Coordinator believes that a participant's health and welfare is in jeopardy, he or she must take immediate action to assure the person's safety. When a Supports Coordinator identifies a less serious issue, he or she must work with the participant, informal supports, and service providers to address the issue. Depending on the severity and scope of the issue, the Supports Coordinator may reconvene the planning team to address the issue.

The Supports Coordinator must document in HCSIS all of their communications and actions regarding the waiver participant. ODP uses HCSIS to monitor that Supports Coordinators are conducting required monitoring visits. ODP reviews a sample of Supports Coordinator records to assure Supports Coordinators are properly addressing any identified problems.

The Supports Coordinator is required to visit the participant in person at least once each quarter or every three (3) months. Within each year;

- At least one visit must occur in the participant's home; and
- At least one visit must occur in a location outside the home where a participant receives services, if services are furnished outside the home

Monitoring the health and welfare of participants includes the review of information in health risk screening tools and assessments, when applicable, or whether there have been any changes in orders, plans or medical interventions prescribed or recommended by medical or behavioral professionals and whether those changes are being implemented.

A deviation of monitoring frequency is only permitted when an individual goes on vacation or on a trip as per ODP's [waiver travel policy](#) related to Service Definitions.

Non-Residential Settings

For participants not receiving Residential Habilitation Community Homes or Life Sharing services, one visit may occur via teleservices if the conditions outlined in Appendix C-1-d are met. See [Appendix E, Teleservices](#) for additional information.

Residential Settings (Residential Habilitation-Community Home and Life Sharing)

For all participants receiving Residential Habilitation Community Homes or Life Sharing, teleservices may not be used to conduct monitoring. Additionally, no more than six months can lapse between face-to-face monitorings at the residential setting.

RESOURCES

[AAW Supports Coordination Resources](#)

[AAW Supports Coordinator Resource Guide](#)

[AAW Housing FAQ](#)

[Supporting AAW Participants in Maintaining Medical Assistance](#)

[New AAW Request for an Exception of Established Service Limits](#)

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Supports Coordination Organizations (SCO) must meet the following standards during the initial and ongoing qualification process regardless of service location:

- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Annually submit to ODP the most recent financial statements (**Income Statement and Balance Sheet**).
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Function as a conflict-free entity. A conflict-free SCO, for purposes of this service definition, is an agency that does not have a fiduciary relationship with an agency providing direct services in the Adult Autism Waiver. An SCO may become an Organized Health Care Delivery System (OHCDS) for any vendor service authorized in the participant's service plan. A participant's SCO may not own or operate providers of vendor services with which it is acting as an OHCDS. SCOs must enroll and qualify as an OHCDS and comply with all requirements regarding OHCDS in [Appendix I-3-g-ii](#) of the current approved waiver, as well as 55 Pa. Code § 6100.803.
- Have conflict of interest disclosure statements that address unbiased decision making by the SCO, managers and staff.
- Have current State motor vehicle registration and inspection for all vehicles owned, leased, or hired and used as a component of the Supports Coordination service.
- Have automobile insurance for all automobiles owned, leased, or hired and used as a component of the Supports Coordination service.
- Have Commercial General Liability Insurance or provide evidence of self-insurance as specified by insurance standards.
- Have Worker's Compensation Insurance in accordance with state law.
- Have sufficient SCO personnel to carry out all functions to operate.
- Have the ability to utilize ODP's Information System to document and perform Supports Coordination activities.
- Cooperate with and assist, as needed, ODP and any state and federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting Medicaid fraud and abuse.
- Cooperate with Health Care Quality Units, independent monitoring teams, and other external monitoring conducted by ODP's designees.
- Comply with HIPAA.
- Comply with Department standards related to SCO qualification and enrollment.
- Have an annual training plan to improve the knowledge, skills and core competencies of SCO personnel.

- All personnel must be employees of the SCO.

Minimum Qualifications for Supports Coordinators regardless of where services are rendered:

- Meet the following minimum educational and experience requirements:
 - A bachelor's degree, which includes or is supplemented by at least 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social science; or
 - Two years' experience as a County Social Service Aide 3 and two years of college level course work, which includes at least 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social service; or
 - Any **equivalent** combination of experience and training which includes 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social service and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case management functions; or
 - A combination of 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social science and two years professional experience in developmental disabilities, special education, mental health, counseling psychology, school psychology, social work or health and rehabilitative services.
- Have a valid driver's license if the operation of a vehicle is necessary to provide Supports Coordination services.
- Newly hired Supports Coordinators must successfully complete ODP required Supports Coordination Orientation Curriculum.
 - Standard orientation includes all topics outlined in Chapter 6100.142 and 6100.802 as well as the completion of SPeCTRUM training.
- Complete a minimum of 24 hours of training a year.
- Must have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and

- The nature and requirements of the job.

Documentation of review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Minimum Qualifications for SC Supervisors:

1. Meet the following educational and experience requirements:

- A bachelor's degree with a major coursework in sociology, social work, psychology, gerontology, criminal justice or other related social sciences; and two years' experience in autism, intellectual disabilities, and other developmental disabilities, special education, mental health, counseling, guidance, social work, or health and rehabilitative services; or
- At least 12 college-level credit hours in sociology, social work, psychology, gerontology or other related social science; and at least four years of experience in autism, intellectual disabilities, and other developmental disabilities, special education, mental health, counseling, guidance, social work, or health and rehabilitative services.

2. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire. If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

3. Have a valid driver's license if the operation of a vehicle is necessary to provide Supports Coordination services.

4. Complete a minimum of 24 hours of training each year.

Temporary Supplemental Services

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Temporary Supplemental Services	15 min	\$12.77	1:1	51 Home & Community Habilitation	536 Temporary Crisis Staff Assistance	W7236
Place of Service Codes: 12 (Home), 21 (Inpatient Hospital*), 99 (Other Place of Service). Electronic Visit Verification? No * Place of Service code is to be used when services provided in Acute Care Hospital settings (see Bulletin 00-23-01)						
LIMITATIONS						

Services are limited to 540 hours in a 12-month period beginning on the date this service was first authorized.

If a participant is experiencing numerous events which require this service resulting in reaching the maximum 540 hours, the Supports Coordinator will explore the following to ensure health and welfare:

- Accessing additional natural supports (e.g., assistance of family or local community organizations); or
- Seeking additional services including other appropriate AAW services or services through non-waiver resources such as State Plan services or local community agencies.

This service may be provided in 55 Pa. Code Chapter 6400 Community Homes that serve no more than four persons at any one time.

Only AAW-enrolled providers of Residential Habilitation Community Home (55 Pa. Code Chapter 6400), Life Sharing (55 Pa. Code Chapter 6500), Day Habilitation (55 Pa. Code Chapter 2380), Respite and Specialized Skill Development may enroll to provide this service.

SERVICE DEFINITION

Temporary Supplemental services provide additional staff in the short term when it has been determined that the participant's health and welfare is in jeopardy and needed supports and services cannot be provided without additional staff assistance. This service is intended for those unforeseen circumstances which trigger a need for a time-limited increase in support.

This service is intended for circumstances such as unplanned stressful life events which increase a participant's risk of a crisis event (such as the recent loss of a family member), or to support a participant to return to baseline following a recent crisis event, which triggered a need for a time-limited increase in support.

Temporary Supplemental services staff support the family, informal support network and existing services providers in preventing a participant from entering into a crisis or in stabilizing a participant following a crisis. The need for the Temporary Supplemental services will be determined by ODP based on information and documentation from the Supports Coordinator, the Behavioral Specialist (if the participant receives Behavioral Specialist services), clinicians involved in the participant's care and other members of the ISP team including the participant and family or representative.

When it has been determined by the team members that the participant has been stabilized, the Temporary Supplemental services will cease.

This service may be furnished in a participant's home and at other community locations where the participant is receiving supports and services in order to assist the participant with avoiding entering into a crisis status or transitioning from a crisis status and assure health and welfare. This service may also be delivered in a hospital, when the participant is hospitalized and as described below. If the participant receives Specialized Skill Building services, this service includes implementation of the behavioral support plan (BSP), the crisis intervention plan (CIP) and/or the Systematic Skill Building plan (SBP). This service includes collecting and recording the data necessary to support review of the ISP, the BSP and the SBP.

Temporary Supplemental Services may be delivered in an acute care hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:

- Identified in a participant's service plan;
- Provided to meet needs of the participant that are not met through the provision of hospital services;
- Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant's functional abilities; and
- Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement.

This service can only be provided in a hospital setting to assist the participant with one or more of the following:

- Communication;
- Intensive personal care; and/or
- Behavioral support/stabilization as enumerated in the behavior support plan.

A participant receiving Residential Habilitation in a Community Home (Chapter 6400) who needs additional staff support while receiving Residential Habilitation Services on an ongoing basis after Temporary Supplemental services are exhausted may request a change in the Residential Habilitation level.

Travel time may not be billed by the provider as a discrete unit of this service. This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Only AAW-enrolled Residential Habilitation (55 Pa. Code Chapter 6400), Life Sharing (55 Pa. Code Chapter 6500), Day Habilitation (55 Pa. Code Chapter 2380), **Respite**, and Specialized Skill Development providers may enroll for this service.

Agencies must meet the following standards regardless of service location:

- Have a waiver service location in Pennsylvania or a state contiguous with Pennsylvania.
- Complete standard ODP required orientation.
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have documentation that all vehicles used in the provision of Temporary Supplemental Services have automobile insurance.
- Have documentation that all vehicles used in the provision of Temporary Supplemental Services have current State motor vehicle registration and inspection.
- Have Workers' Compensation Insurance in accordance with state law.
- Ensure that staff (direct, contracted, in a consulting capacity, or volunteers) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.

Individuals providing this service must meet the following standards regardless of where services are rendered:

- Be at least 18 years of age.
- Complete training on the needs of the participant included in the service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If the criminal history clearance results identify a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;

- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of review must be maintained for any staff that were hired whose criminal history clearance results identified a criminal record.

Have a valid driver's license if the operation of a vehicle is necessary to provide Temporary Supplemental Services.

Therapies

Waiver Service	Unit	Rate	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Therapy: Counseling	15 min	\$24.17	19 Psychologist	425 Autism Certified Psychologist	T2025	HE: Informational, Mental Health
			31 Physician	426 Autism Certified Psychiatrist		
			11 Mental Health/ Substance Abuse	421 Autism Social Worker		
				422 Autism Marriage & Family Counselor		
				423 Autism Professional Counselor		
				424 Counseling Agency		
Therapy: Speech/ Language		\$25.44	17 Therapist	173 Speech/Hearing Therapist		GN: Speech Pathology U2: Adult Autism Waiver

Place of Service Codes: 02 (Telehealth Provided Other than in Patient's Home), 10 (Telehealth Provided in the Home), 11 (Office), 12 (Home), 99 (Other Place of Service). **Electronic Visit Verification?** Yes, for Speech/Language Therapy. No, for Counseling.

Note: All staffing is 1:1 ratio.

LIMITATIONS

Medical Assistance, Medicare and private insurance-compensable services cannot be provided through the Medicaid Waiver unless these services are denied by the participant's health care plan(s). Therapies will be provided under the State Plan until the State Plan limitations have been reached.

SERVICE DEFINITION

Therapies are services provided by health care professionals that enable individuals to increase or maintain their ability to perform activities of daily living.

Therapies in this waiver are limited to:

- Speech/language therapy provided by a licensed speech therapist or certified audiologist upon examination and recommendation by a certified or certification-eligible audiologist or a licensed speech therapist.
- Counseling provided by a licensed psychologist, licensed psychiatrist, licensed social worker, licensed professional counselor, or licensed marriage and family therapist.

Therapy services are direct services provided to assist participants in the acquisition, retention, or improvement of skills necessary for the participant to live and work in the community and must be attached to measurable individualized goals.

Counseling includes:

- Assessing emotional, behavioral, and psychological needs using structured interviews, validated tools, and clinical observation to identify concerns and develop an appropriate plan of care.
- Developing and implementing treatment plans that address symptoms, stressors, or patterns of behavior that impact the participant's functioning. Plans must be individualized, goal-oriented, and focused on measurable goals. This may include developing person-centered crisis plans when clinically appropriate.
 - Note: This crisis plan is separate from the Crisis Intervention Plan (CIP) which the counseling provider is not responsible for developing.
- Delivering individual therapeutic interventions that may include cognitive-behavioral techniques, solution-focused strategies, emotional regulation tools, trauma-informed approaches, and other evidence-based counseling modalities.
- Supporting development in areas such as coping, self-regulation, emotional expression, decision-making, and social interaction, tailored to the participant's developmental level and needs.
- Coaching participants in real-time problem solving to address barriers in community, home, or work settings and to practice strategies that promote independence and resilience.
- Providing psychoeducation to participants and their families or caregivers to enhance understanding of mental health conditions, improve communication, and support the implementation of coping strategies across environments.
- Monitoring progress toward treatment goals and adjusting interventions as needed based on clinical judgment, participant feedback, and service plan reviews.

Services are rendered according to a plan for therapy-counseling services based on an assessment of the participant's needs.

The need for the service must be evaluated on a periodic basis, at least annually or more frequently as needed as part of the service plan process. This evaluation must review whether the participant continues to require the current level of authorized services and that the service

continues to result in positive outcomes for the participant. It is recognized, however, that long-term Therapy services may be necessary due to a participant's extraordinary behavioral conditions. The need for long-term Therapy services must be documented in the individual's service plan.

Therapies do not duplicate services under the State plan due to differences in scope, frequency and duration of services and to specific provider experience and training required to accommodate the individual's disability.

Travel time may not be billed by the provider as a discrete unit of this service.

The therapy services can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Teleservices

Teleservices are the delivery of direct services using remote technology. Therapy teleservices may be provided in accordance with ODP policy, [see Appendix E](#).

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

Hold one of the following licenses:

- Speech/Language Pathologist/Audiologist - Title 49 Pa. Code Chapter 45
- Psychologist - Title 49 Pa. Code Chapter 41
- Psychiatrist - Title 49 Pa. Code Chapter 17
- Social Worker - Title 49 Pa. Code Chapter 47
- Marriage and Family Therapist - Title 49 Pa. Code Chapter 48
- Professional Counselor - Title 49 Pa. Code Chapter 49

Agencies must meet the following standards regardless of service location:

- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Providers must demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Complete standard ODP required orientation.
- Have Commercial General Liability Insurance.
- Have worker's compensation insurance in accordance with state law.
- Ensure that staff (direct, contracted, or in a consulting capacity) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.

Individuals providing these services must meet the following standards regardless of where services are rendered:

- Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
- Complete standard ODP required orientation and annual training.
 - Standard orientation includes all topics outlined in Chapter 6100.142 as well as the completion of SPeCTRUM training.
- Individuals providing these services must have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

Transportation

Waiver Service	Unit	Rate	Provider Type	Provider Specialty	Procedure Code
Public Transportation	Item	---	55	267	W7272
Transportation – Trip (Zone)	Zone 1	\$ 36.54	Vendor	Non-emergency (Transportation)	W7274
	Zone 2	\$ 65.78	26		W7275
	Zone 3	\$ 74.73	Transportation		W7276
Place of Service Codes: 99 (Other Place of Service). Electronic Visit Verification? No					
NOTE					

Providers that meet the standards for Supports Coordination, Specialized Skill Development, or Supported Employment may subcontract with providers of Transportation as an Organized Health Care Delivery System (OHCDS). See [Appendix A](#) for procedure codes and policy on submitting an OHCDS Administrative Fee.

LIMITATIONS

Expenditure for Transportation is limited to \$10,000 per participant's service plan year.

Transportation is a direct service that enables participants to access services and activities specified in their approved service plan. This service does not include transportation that is an integral part of the provision of another discrete Waiver service.

Participants authorized to receive Transportation services may not receive the direct provision of the following services during the same hours they are receiving the direct provision of Transportation: Day Habilitation, Supported Employment, Therapies, Career Planning, Family Support, Nutritional Consultation, and Small Group Employment.

Participants authorized to receive Transportation Trip may not receive the direct provision of Specialized Skill Development at the same time they are receiving Transportation Trip.

Participants authorized to receive Public Transportation may receive the direct provision of Specialized Skill Development only when the Specialized Skill Development service is necessary for safety or for the development of skills to use the Public Transportation service independently in the future.

Participants authorized to receive Residential Habilitation or Life Sharing services may only be authorized for Transportation services as a discrete service when the participant requires transportation to or from a job that meets the definition of competitive integrated

employment. This is because transportation for reasons unrelated to competitive integrated employment is included in the Residential Habilitation Community Home and Life Sharing.

Transportation services may not be substituted for the transportation services that a state is obligated to furnish under the requirements of 42 CFR § 431.53 regarding transportation to and from providers of Medical Assistance services. In Pennsylvania, medical transportation services are provided through the Medical Assistance Transportation Program (MATP) and therefore Transportation through the AAW cannot be used for medical transportation. For a list of services covered through MATP, please see the Standards and Guidelines available at <http://matp.pa.gov/>.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

SERVICE DEFINITION

The Transportation service consists of:

- **Public Transportation.** Public Transportation services are vendor services provided to or purchased for participants to enable them to gain access to services, activities, in the community and resources as specified in their service plans. Public Transportation may be purchased by an OHCDs when the public transportation vendor does not elect to enroll directly.
 - Providers of Public Transportation services are reimbursed at the invoice cost for the service provided. The cost must be the same as the cost charged to the general public.
 - In addition to reimbursement for the invoice cost, OHCDs providers are also able to bill for an administrative fee. This administrative fee is not factored into the financial limits for the individual's ISP year.
- **Transportation – Trip.** This service is transportation provided to participants for which costs are determined on a per trip basis. A trip is defined as transportation from a participant's home, a waiver service, activity in the community or resource specified in the participant's service plan to a waiver service, activity in the community or resource specified in the participant's service plan or the participant's home. Transportation may be used to travel to and from a job that meets the definition of competitive integrated employment.

Trip distances are defined by ODP through the use of zones. Zones are defined as follows:

- Zone 1 – greater than 0 and up to 10 miles;
- Zone 2 – greater than 10 and up to 30 miles;
- Zone 3 – greater than 30 miles.

The trip zone is calculated by determining the mileage of the most direct route from the participant's starting location to the participant's destination and does not include the total distance traveled if the vehicle picks up other participants.

Round Trips (taking a participant to a destination and back home) are considered two trips or two units of service.

Providers that transport more than 6 participants are required to have an aide in the vehicle. If a provider transports 6 or fewer participants, the provider has the discretion to determine if an aide is required. The determination must be based upon the needs of the participants, the provider's ability to ensure the health and welfare of participants and be consistent with ODP requirements for safe transportation.

Transportation (Public and Trip) may be delivered by an organization that directly enrolls with ODP or through an organized healthcare delivery system (OHCDS). Any qualified organization or individual, including friends and family members, may provide Transportation-Trip through an OHCDS.

How to Add Transportation to the ISP

Public Transportation services are entered into the ISP with a rate of \$1 per unit, regardless of the type of public transportation used (e.g., bus, ridesharing, or a combination etc.).

Transportation-Trip services require the SC, along with the individual and ISP team, to anticipate to the best of their ability the number of trips needed in each zone based on the activities for which the individual will use the transportation service.

After adding Transportation services to the ISP, but prior to submitting the ISP for approval, the SC and SC Supervisor must ensure the total expenditure being requested for all Transportation procedure codes does not exceed \$10,000 for the ISP plan year.

OHCDS providers are also able to bill for an administrative fee. This administrative fee is not factored into the ISP year limit for the individual.

The activity for which the participant will use the transportation service must be identified in the Desired Activities section of the ISP, and the service must be linked to a goal (independent or shared) that is clearly related to the use of the Transportation service.

RESOURCES

[AAW Transportation Service Snapshot](#)

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

NOTE: When this service is delivered through an Organized Health Care Delivery System (OHCDS) provider, the OHCDS provider is responsible to ensure that all subcontracted entities that will render the vendor service meet the qualification criteria specified for the service.

Agencies must meet the following standards:

- Have a Public Utility Commission (PUC) Certification, when required by state law or comparable certificate in contiguous states.
- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Complete standard ODP required orientation.
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. Public Transportation providers are exempt from this requirement.
- Have Commercial General Liability Insurance.
- Have documentation that all vehicles used in the provision of Transportation services have automobile insurance.
- Have documentation that all vehicles used in the provision of Transportation services have current State motor vehicle registration and inspection.
- Have Workers' Compensation Insurance, in accordance with state law.
- Ensure that staff (direct, contracted, or in a consulting capacity) meet the qualifications for this service.
- Comply with Department standards related to provider qualifications.

Drivers and aides working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

- Be at least 18 years of age.
- Complete training on the participant's service plan, which includes but is not limited to communication, mobility, and behavioral needs.
- Complete standard ODP required orientation and annual training.
- Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.

- Have a valid driver's license if the operation of a vehicle is necessary to provide Transportation services.

Vehicle Modifications

<i>Waiver Service</i>	<i>Unit</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Vehicle Modifications	Item	55 Vendor	543 Environmental Accessibility Adaptations	W7278

Place of Service Codes: 99 (Other Place of Service). **Electronic Visit Verification?** No

NOTE

Agencies that meet the standards for Supports Coordination or Specialized Skill Development may subcontract with providers of Vehicle Modifications as an Organized Health Care Delivery System. See [Appendix A](#) for procedure codes and policy on submitting an OHCDs Administrative Fee.

LIMITATIONS

This service is limited to \$20,000 per participant during a 10-year period. The 10-year period begins with the first utilization of authorized Vehicle Modification.

A vehicle that is to be modified must comply with all applicable State standards.

The vehicle that is modified may be owned by the participant, a family member with whom the participant lives, or a non-relative who provides primary support to the participant and is not a paid provider agency.

Vehicle Modification services may also be used to adapt a privately owned vehicle of a Life Sharing host when the vehicle is not owned by the Life Sharing Provider agency.

When vehicle modifications are included in an ISP, the SC must collect three bids from providers for the necessary modification and provide the three bids to ODP for consideration during ODP's review of the ISP. If three contractors, companies, etc., cannot be located to complete the vehicle modifications, documentation of the contractors or companies contacted must be kept in the participant's file.

SERVICE DEFINITION

Vehicle Modifications are modifications or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle Modifications are modifications needed by the participant, as specified in the ISP, to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The following are specifically excluded:

- A. Modifications or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the participant

- B. Regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the modifications
- C. Modifications to a vehicle owned or leased by a provider

Vehicle Modifications cannot be used to purchase or lease vehicles for waiver recipients, their families or legal guardians; however, this service can be used to fund the portion of a new or used vehicle purchase that relates to the cost of Vehicle Modifications. In order for this service to be used to fund modifications of a new or used vehicle, a clear breakdown of purchase price versus modifications is required.

Vehicle Modifications funded through the waiver are limited to the following modifications:

- Vehicular lifts
- Interior alterations to seats, head and leg rests, and belts
- Customized devices necessary for the participant to be transported safely in the community, including driver control devices
- Modifications needed to accommodate a participant's special sensitivity to sound, light or other environmental conditions
- Raising the roof or lowering the floor to accommodate wheelchairs

All Vehicle Modifications shall meet applicable standards of manufacture, design and installation. A vehicle that is to be modified must comply with all applicable State standards. The vehicle that is modified may be owned by the participant, a family member with whom the participant lives, or a non-relative who provides primary support to the participant and is not a paid provider agency. Vehicle Modification services may also be used to adapt a privately owned vehicle of a Life Sharing host when the vehicle is not owned by the Life Sharing Provider agency.

This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

PROVIDER QUALIFICATIONS

[See initial qualifications for all providers.](#)

NOTE: When this service is delivered through an Organized Health Care Delivery System (OHCDS) provider, the OHCDS provider is responsible to ensure that all subcontracted entities that will render the vendor service meet the qualification criteria specified for the service.

Agencies must meet the following standards regardless of service location:

- Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
- Complete standard ODP required orientation.
- Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
- Have Commercial General Liability Insurance.
- Have Workers' Compensation Insurance in accordance with state law.

- Comply with Department standards related to provider qualifications.
- Individuals providing this service shall meet all applicable state and local licensure requirements. All modifications shall meet applicable standards of manufacture, design, and installation.

Services shall be provided in accordance with applicable state and local building codes.

Appendix A: Organized Health Care Delivery System (OHCDS)

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Administrative Fee	Fee	\$25.00 or 10% of cost of service	55 Vendor	537 Admin Fee for Vendor and Vendor Fiscal	W0026
Place of Service Codes: 11 (Office), 12 (Home), 99 (Other Place of Service). Electronic Visit Verification? No Assistive Technology, Community Transition Services, Home Modifications, Transportation (Public and Trip), American Sign Language (ASL)- English Interpreter Service, and Vehicle Modifications can be delivered through an Organized Health Care Delivery System (OHCDS) provider when the vendor does not enroll directly with ODP to provide the service. Supports Coordination Organizations can apply to become OHCDS entities for the Adult Autism Waiver services of Community Transition Services, Assistive Technology, Home Modifications, Transportation, American Sign Language (ASL)- English Interpreter Service, and/or Vehicle Modifications. Specialized Skill Development agencies can apply to become OHCDS entities for the Adult Autism Waiver service of Assistive Technology, Home Modifications, Transportation, American Sign Language (ASL)- English Interpreter Service, and/or Vehicle Modifications. Supported Employment agencies can apply to become OHCDS entities for the Adult Autism Waiver service of American Sign Language (ASL)- English Interpreter Service and Transportation. Providers and SCOs can enroll as an OHCDS provider by contacting BSASP Provider Enrollment at pwbasprovenroll@pa.gov. The OHCDS provider can charge an administrative fee for each individual per the ODP billing requirements. This administrative fee is 10% of the total amount billed, up to \$25.00. PROMISE will only approve one administration fee claim for an individual per month. Please note that if an individual is receiving services through more than one OHCDS provider on their plan, only one OHCDS provider is able to bill and receive payment for the administration fee each month. The administration fee does not apply towards the fiscal limitations as defined in the service definitions. NOTE: When this service is delivered through an Organized Health Care Delivery System (OHCDS) provider, the OHCDS provider is responsible to ensure that all subcontracted entities that will render the vendor service meet the qualification criteria specified for the service.					

Appendix B: AAW Travel Policy Related to Service Definitions

Travel Policy: The following services may occur during temporary travel (as defined below):

- Specialized Skill Development: Behavioral Specialist
- Specialized Skill Development: Community Support
- Specialized Skill Development: Systematic Skill Building
- Residential Habilitation (licensed)
- Life Sharing
- Supports Coordination
- Respite

These services may be provided anywhere during temporary travel.

Temporary travel is defined as a day in which the participant visits another destination that is away from the participant's home. A day includes staying away from home for at least one overnight. A day is when the participant is traveling, and waiver services are rendered and reimbursed. Examples of temporary travel could include: an overnight away from home, a full week (7 days) trip such as a vacation, or other extended time away from the participant's home.

The direct portion of the Supported Employment service may be delivered in any state when a participant is traveling out of state for work-related trips such as for training, conferences, or business trips.

The following conditions apply to the travel situation:

- The provision of waiver services during travel is limited to no more than 90 calendar days per fiscal year.
 - The 90 calendar days do not need to be used consecutively. In other words, the participant can sporadically use the 90 days throughout the year.
- The travel plans are reviewed and discussed as part of an ISP team meeting, and the team identifies safeguards to protect the participant's health and welfare during travel.
- The roles and responsibilities of the participant and the qualified person providing the waiver service (DSP or relative) are the same during travel as at home.
- The AAW will not fund the travel costs of the participant, the provider or the person providing the waiver service:
 - The participant is responsible to fund their own travel costs through private or non-ODP funds.

- Travel costs for agency staff, contracted personnel or individual providers may be funded through private funds of family members of the participant or non-ODP funds generated through fundraising efforts or other means.
- If the participant decides to pay for the travel costs, there must be documented team consensus that this was the voluntary and willful decision of the participant.
- A participant cannot exceed the authorized units for a service while on temporary travel.
- All service and program requirements, such as provider qualification criteria and documentation of services, apply during the period of travel.
- The location for temporary travel is not limited to Pennsylvania. Temporary travel can occur anywhere as long as the participant's health and welfare can be met during the temporary travel.
- Temporary travel includes when the participant is away from home and receiving direct services via remote technology.

SCs shall ensure that this travel policy is explained to all participants at the time of waiver enrollment and the SC will review this annually at the time of the ISP meeting. The SC shall document this annual review in a service note in HCSIS.

Appendix C: Service Plan Development

The [Supports Coordinator](#) (SC) is responsible for developing the Individual Support Plan (ISP) in collaboration with the ISP planning team. The participant and representative (if applicable) will lead the person-centered planning process with the support provided by the Supports Coordinator as described in [Appendix D-1-c](#) of the AAW.

The initial ISP is developed when a participant enrolls in the waiver and is updated annually thereafter during the Annual Review Plan (ARP) process. In addition, the ISP can be revised at any time if needed, in response to changing needs, goals or choices of the participant.

SC's must update the service plan **at least every twelve months**.

The SC is responsible for developing ISP's by performing the following activities in accordance with the specific requirements and timeframes established by ODP:

The SC must complete the following activities when developing an **initial ISP**:

- (1) Coordinate information gathering and assessment activities which include the administration of required assessments prior to the initial ISP meeting.
- (2) **Within 20 days** of selection of the Supports Coordination Organization (SCO), collaborate with the participant and persons designated by the participant to determine a date, time and location for the initial ISP meeting that is convenient for the participant.
- (3) Distribute invitations to ISP team members prior to the initial ISP meeting.
- (4) Facilitate the ISP meeting.
- (5) Obtain agreement with the ISP and signatures documenting agreement from the participant, persons designated by the participant, and providers responsible for the plan's implementation.
- (6) Submit the ISP to ODP for approval and authorization **within 45 calendar days** of selection of a Supports Coordination Organization. This timeframe may be extended for circumstances beyond the Support Coordinator's control with prior approval from ODP.
- (7) If ODP requests revisions to the ISP, resubmit the amended ISP for approval and authorization **within 7 days** of the date ODP requested that the ISP be revised.
- (8) Distribute the approved ISP to ISP team members, including the participant and representative (if applicable), who do not have access to HCSIS **within 14 days** of its approval and authorization, in a manner chosen by the team member.

The SC must complete the following activities when developing an **annual ISP**:

- (1) **Beginning 90 days prior** to the ISP end date, coordinate information gathering and assessment activities, which includes the administration of assessments.
- (2) Collaborate with the participant and persons designated by the participant to coordinate a date, time and location for the ARP meeting that is convenient for the participant.
- (3) **At least 30 days before** the ARP meeting, distribute invitations to ISP team members before the ARP meeting.
- (4) **At least 60 days prior** to the end date of the ISP, facilitate the ARP meeting.
- (5) Obtain signatures from the participant, persons designated by the participant, and providers responsible for the plan's implementation to document their agreement with the ARP.
- (6) **At least 30 days prior** to the ISP end date, submit the ARP to ODP for approval and authorization.
- (7) If ODP requests revision to the ARP, resubmit the amended ARP for approval and authorization **within 7 days** of the date ODP requested that the ARP be revised.
- (8) Distribute the approved ARP to the service plan team members, including the participant and representative (if applicable), who do not have access to HCSIS, **within 14 days** of its approval and in a manner chosen by the team member.

The SC must complete the following activities when the ISP needs to be revised at a time other than the annual review:

- (1) Convene an ISP team meeting **within 10 days** of a crisis event.
- (2) Convene an ISP team meeting when there is a change in a participant's individual's needs.
- (3) For all ISP updates that change the amount and frequency of a service or end a service, the Supports Coordinator must:
 - Discuss the change with the participant.
 - Inform the participant of their right to appeal and fair hearing (per [PA ODP Bulletin 00-26-01](#)).
 - Obtain participant consent to the change. Note: If the participant is not in agreement with the change, SC must offer appeal and fair hearing rights.
- (4) Document the revision(s), discussion with the participant, and their consent to the change in a service note. This must be done prior to submitting to BSASP for review.

Qualified providers of services are responsible for the following ISP roles and functions:

- (1) Cooperating with the SC when the SC needs up-to-date information on the participant's progress.
- (2) Acknowledging receipt of the updated ISP from the SC and confirming agreement to revisions made.
- (3) Ensuring that all staff who works directly with the participant is familiar with the approved and authorized ISP.
- (4) Implementing the services as provided for in the ISP.

ODP is responsible to review, approve, and authorize the service plan in HCSIS within 15 calendar days of submission of the service plan to ODP. Once the service plan is approved and authorized, ODP notifies the SC.

LifeCourse Framework and Tools to Guide the Development of the ISP

The LifeCourse Framework was created to help people of all ages and abilities, along with their families, develop a vision for a good life. It encourages individuals to think about what they need to know and do, how to identify or develop supports, and how to discover what it takes to live the lives they want to live.

It is best practice for SCs to encourage AAW participants and their families, where applicable, to utilize the LifeCourse Framework while developing the ISP.

How LifeCourse helps ISP development:

- Introduces the participant to the ISP team and helps identify the participant's strengths and support needs with the [One-Page profile](#)
- Connects past experiences with future goals by using the [Life Trajectory Worksheet](#)
- Keeps the participant at the center of the planning process
- Builds a mix of paid and unpaid supports, community resources, technology, etc. using the [Integrated Services and Supports star](#)
- Focuses planning across all life areas so nothing important to the participant is missed

For an Overview of LifeCourse, as well as LifeCourse tools useful for ISP planning and development, go to [The Charting the LifeCourse page on MYODP](#).

Other LifeCourse tools and resources can be downloaded using the following link: [LifeCourse Library: Foundational Tools](#).

Appendix D: AAW Provider Resource Guide

The AAW Provider Resource Guide was developed to support providers of the Adult Autism Waiver (AAW) to be aware of the expectations and available resources.

[AAW Provider Resource Guide](#)

Appendix E: ODP Teleservices Requirements

Participants must have an informed choice to receive direct services in-person or via teleservices. Teleservices may only occur when the service plan team determines that using remote technology is the most appropriate service delivery method to meet the participant's needs (including health and safety needs) and goals. This determination must be based on consideration of all of the following:

- Service delivery complies with the requirements in the service definition, ODP policies, and regulations.
- Teleservices must be provided by means that allow for live two-way communication with the participant; no recording of the interaction shall be captured. Live video or audio transmission is only allowable to persons designated by the participant and designated staff employed by the provider responsible for direct service delivery. Providers can call participants over the phone as an incidental component of teleservices check-in with participants as allowed in the service definition or in emergency circumstances when all other criteria are met. Monitoring of devices is not allowed under teleservices.
- The provider has explained to the participant and everyone else residing in the home the impact that teleservices will have on their privacy.
 - The use of live video communication devices in bathrooms is prohibited as part of teleservices.
 - It is allowable for staff to provide live audio prompts needed by the participant in bathrooms and bedrooms as part of teleservices. The participant must be alerted prior to the activation of any audio communication device unless the participant turns on the audio communication device themselves.
 - Live real time video communication between the participant and a staff person as part of teleservices may only occur in a participant's bedroom when all of the following are met:
 - The participant has chosen to receive teleservices in their bedroom due to a medical condition which makes it difficult or impossible for them to leave their bedroom to receive services in another room in the house or the participant would like privacy from others in the home (family, housemates, etc.) during the receipt of services;
 - The participant turns the video communication device on and off themselves or requests assistance in turning the video communication device on and off;
 - The participant does not share a bedroom with others; and

- Service delivery via video communication will not be performed as part of any activity during which privacy would generally be expected (while a participant is in a state of undress, during sexual activities, etc.).
- All live real time audio and video communication devices used to render teleservices in any part of the home or community must include indicators that let the participant know that the equipment is on and operating in audio or video mode.
- How teleservices enhance the participant's integration into the community.
- The request to use teleservices was initiated by a request from the participant and/or the family/representative when appropriate, and not the provider.
- How the participant's needs for in-person support during service provision will be met.
- The provider, in conjunction with the service plan team, has developed a back-up plan that will be implemented should there be a problem with the technology.

The provider is responsible for ensuring that any technology used to render teleservices are HIPAA compliant and that the delivery of teleservices has been reviewed and accepted by the HIPAA compliance officer. The provider is also responsible for providing initial and ongoing training and support to the participant, and anyone designated by the participant, regarding the operation of the technology used during teleservices, including turning it on and off at-will.

The following services may be rendered via teleservices:

Career Planning

Day Habilitation

Family Support

Nutritional Consultation

Specialized Skill Development

Supports Coordination

Supported Employment

Therapies