



# **The Office of Developmental Program's (ODP) Services and Supports for Individuals with Medically Complex Conditions (MCC)**

**Targeted Audience: Professionals**  
**By: The Office of Developmental Programs**



- **Where** was ODP's service system prior to changes with MCC (History)?
- **What** changes did ODP make for children & adults with a MCC?
- **Why** did ODP expand eligibility to include MCC?
- **How** can someone provide services to individuals with MCC to support an everyday life?

# Where were we?



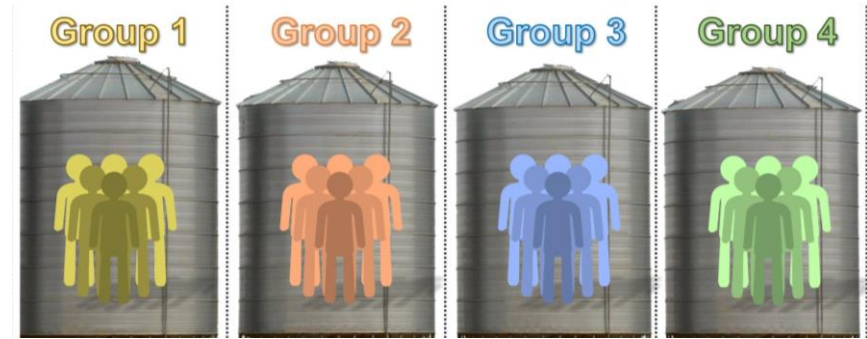
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# History – ODP's Service System?



- Children were growing up in facilities / hospitals
- Our service system was working in silos
- No education on how to empower families to care for their loved ones with support
- There were barriers for families (medical supplies, support in their home, etc.)
- Gaps within our system that impacted children





- Training needs of the family
  - Transportation to trainings
  - Language barriers
  - Training on home equipment
- Family support needs
  - Physical and emotional concerns
- Physical location
  - home adaptations needed
- Discharge support – transition planning

# What Changes were Made?



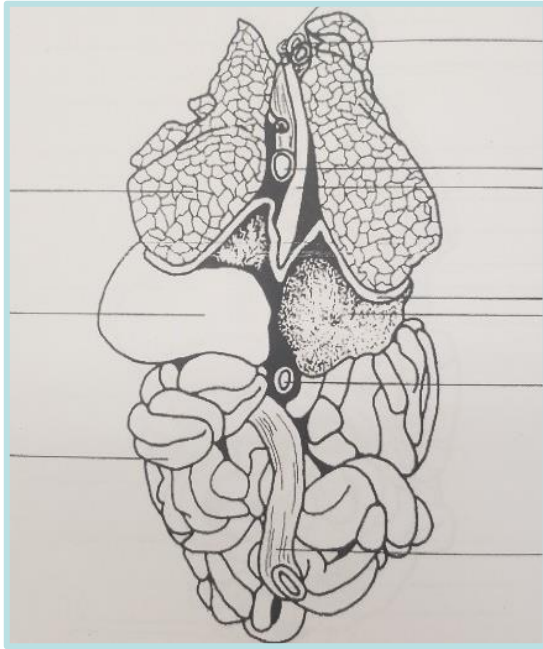
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# What Changes were Made?



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- Expanded eligibility & Reserved Waiver Capacity
- Added a new waiver service in the waiver
- Modified (edited) services
- Working with other program offices & professionals to ensure smooth transitions for the individual & family.



## MCC:

- Is a chronic health condition that impacts 3 or more organ systems
- Individual requires medically necessary skilled nursing to execute the technology is required for things such as respiration, nutrition, medication administration, or other bodily functions
- Age 0-21
  - After age of 21, individual gets the choice to remain in the waiver or transition to other services
- Must meet level of care and Medical Assistance requirements





**Q: Does the individual have to use the technology a set number of times per month?**

A: No, while there are requirements for skilled nursing to provide the medically necessary technology, there are no frequency requirements for time used with the technology.

**Q: What happens when the individual's medical complexity changes which could impact their eligibility with their waiver?**

A: When reevaluation occurs and it is determined that the individual no longer meets eligibility criteria, the county will need to work with the individual to transition to other services and supports outside of ODP.

**Q: What happens when a child with a MCC turns the age of 22?**

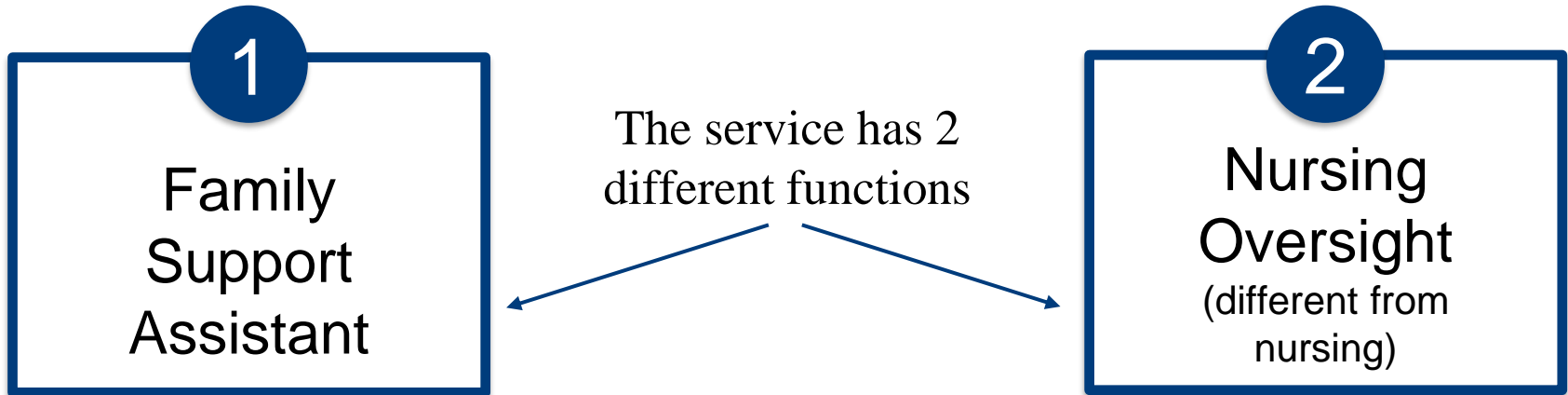
A: As the waiver currently states, "Individuals who have a developmental disability due to a medically complex condition have the option to enroll in the waiver only if they are age 0 to 21. Once a participant reaches age 22, the participant will be given the option to remain enrolled in the waiver after age 22 or transition to another program".





## Family Medical Support Assistance

- Individual's private home
- Not allowed with Residential Habilitation or Life Sharing (this support is provided through the Residential provider)
- Individual requires medical technology & nursing



# What This Service Can Provide:



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## Family Support Assistant:

- Scheduling appointments
- Help with leaving the hospital / transition
- Assist with getting medication/supplies
- Training on non-medical aspects

## Nursing Oversight:

- Assessments
- Identify training needs
- Consult with doctors/professionals
- Supervision of medical/behavioral needs

## Together:

- Work as a team
- Communicate with individual's SC & Team





# **Modified Waiver Services: Life Sharing, Residential Habilitation, Respite, & Homemaker/Chore**



“Life Sharing services may be provided up to 24 hours a day based on the needs of the participant receiving services. The type & amount of assistance, support and guidance are informed by the assessed need for physical, psychological, **medical**, or emotional assistance...The type and amount of assistance are delivered to enhance the autonomy of the participant, in line with their personal preference & to achieve their desired outcomes.”

- Manage/participate in management of medical care
- Provider responsible for physical health maintenance (including those required by a licensed nurse)
- Risk Mitigation Policy



## The Life Sharers - **not related**:

- A high school diploma, GED, or equivalent (including a written attestation from the educational organization),  
or
- Documentation of at least one post-secondary course that was completed post high school graduation.
- Receive training by a medical professional that is specific to the participant's medical needs prior to rendering the service.

## The Life Sharers - **related**:

- A high school diploma, GED, or equivalent (including a written attestation from the educational organization),  
or
- Documentation of at least one post-secondary course that was completed post high school graduation,  
or
- A written attestation from the Life Sharing agency that the Life Sharer has demonstrated basic skills to provide, comprehend, and ensure the health and safety of the participant.
- Receive training by a medical professional

❖ Refer to wavier documentation for additional qualifications



**Q: Can the provider choose if they want to become qualified to render LS for individuals with MCC?**

A: Yes, just like with any other waiver service the provider can choose to become qualified or not. If they are not qualified to render the service, they won't be able to provide it or bill for it. As stated in ODP Announcement 23-036, if the provider does not meet the additional qualifications to render MCC Life Sharing, the provider must continue to provide and bill the Life Sharing codes that are currently authorized in the ISP. The MCC Life Sharing procedure codes (W0062 and W0063) will not be able to be added to the ISP until the provider becomes qualified of support.





“This service is built on the principle that every participant has the capacity to engage in lifelong learning. As such, through the provision of this service, participants will acquire, maintain, or improve skills necessary to live in the community, to live more independently, and to participate meaningfully in community life.

- Manage/participate with medical care
- Staff trained on medical needs
- At least 1 staff (direct, contracted, or consulting) must be an RN or LPN with responsibilities as stated in the waivers.





## Nursing & Early Periodic Screening, Diagnostic, & Treatment (EPSDT)

- **Nursing for children 0-21 is covered through EPSDT, NOT through ODP services.**
  - EPSDT: Preventative, dental, mental health, and specialty services:  
<https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
- ODP Nursing can be provided to adults 21+



**Q: If an individual under the age of 21 needs additional hours of nursing (outside of what is already approved through Medical Assistance), what is the process to receive that nursing?**

A: Nursing that is deemed medically necessary is covered under Medical Assistance for individuals under the age of 21. The Supports Coordinator and Residential provider must help facilitate conversations, which might consist of the provider having a conversation with the individual's physical health Managed Care Organization (MCO) to request additional hours of nursing. The provider may need to obtain a letter of medical necessity to provide to the physical health MCO.





**Q: What is a Special Needs Unit and how/who do we contact for questions on EPSDT?**

A: Please see the following link which explains what a Special Needs Unit is and who to contact: <https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/Flyer%20-%20MCO%20Special%20Needs%20Units.pdf>





**Q: What happens when a nurse through EPSDT is scheduled to come out but does not show up for their shift. Who will provide that necessary care?**

A: Every individual must have a back-up-plan in place for when emergency situations occur. This plan must include information such as what the provider will do if an EPSDT nurse does not show-up. This plan must be followed when unexpected situations occur. Therefore, when the EPSDT nurse does not show up for their shift, the provider is responsible to ensure that the medical care needs are met. The provider must also utilize the risk crisis plan.





**Q: Can someone who is receiving Life Sharing also receive services from a home health aid at the same time?**

A: Yes, Life Sharing and EPSDT may be provided at the same time. However, the Life Sharing Host can not also be the home health aid.

**Q: Can a member of the Life Sharing home provide services as a home health aid or a nurse if hired through EPSDT?**

A: The person who is the identified Life Sharer can not also be the individual's home health aid or nurse at the time Life Sharing is being provided. When there are other people in the home who are not the identified Life Sharer, there could be someone in the home that is a home health aid or nurse for that individual since that person is not the one providing the Life Sharing service. The same person cannot provide both Life Sharing and EPSDT.





“Respite services are direct services that are provided to supervise and support participants living in private homes on a short-term basis for planned or emergency situations, giving the person(s) normally providing care a period of relief that may be scheduled or due to an emergency.”

- Children under age 21: provider may request a variance for those who need a nurse due to medical needs
- (Adults 21+, may use Shift Nursing)
- Provider Qualifications: Children who need Respite by a nurse, at least 1 staff person must be an RN or LPN (who provides enhanced services)



## **Q: Can Respite Camp settings provide services to individuals with MCC?**

A: No, this is not a setting that is allowable in the waivers for individuals with MCC.

## **Q: Can a Pediatric Facility be a setting for Respite?**

A: If the Pediatric Facility is enrolled as a waiver provider who is qualified to provide Respite to an individual with MCC, then this setting could be used.

## **Q: Does the provider need to be “MCC qualified” if they are doing Respite for someone with MCC?**

A: Yes, if the individual has MCC, the provider must be qualified to provide that level of support.





**“Homemaker services also include infection control measures and intensive cleaning such as cleaning medical equipment and disinfecting the home.”**

- Service definition expanded to allow this service to be rendered when the individual & household member are temporarily or permanently unable to perform the homemaker/chore functions.

### Examples:

- The individual has a medical need or disability that requires constant direct care which results in the caregiver not having time on a routine basis to perform Homemaker/Chore functions.
- The caregiver has more than 1 child and Homemaker/Chore services would enable the caregiver to spend more time providing care to the child participant who has a medical need or disability.

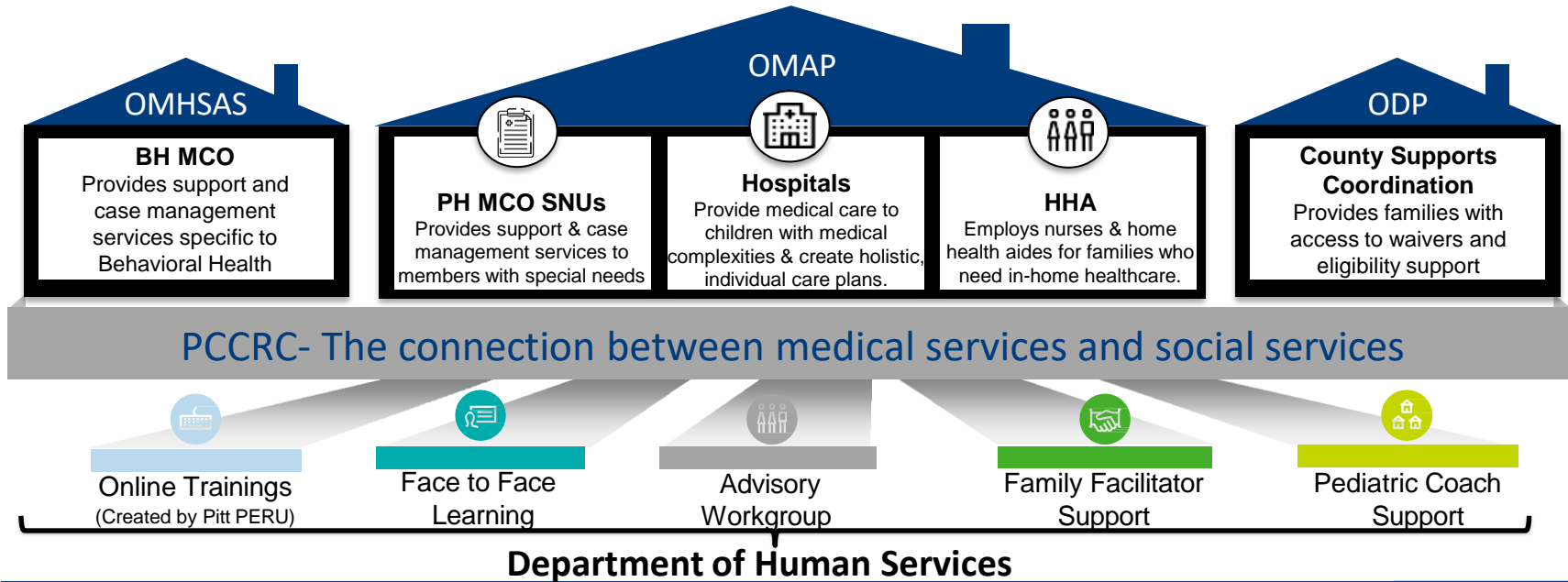




## MCO and PCMH-PNC Overview – PCCRC Collaboration Ecosystem

Many different entities within the Department of Human Services are connected to the PCCRC.

The PCCRC provides non-medical resources to families and caregivers, while coordinating with collaborators that provide medical attention.





The Family Facilitator and Pediatric Coach have distinct roles to support families and caregivers feel ready and empowered to provide care in the home setting.

## Family Facilitator

Helps with **transitions out of a hospital/facility** and supports ability to stay at home. **Conducts outreach** to families, community health/health promotional organizations, hospital/facility social workers, and discharge planners regarding in-home services and family-based alternatives.

The purpose of the Family Facilitator is to serve as a **liaison between departments**, to provide information to families, and assist with coordination and planning for in-home services and options for family-based alternatives to institutions.

## Pediatric Coach

Supports children receiving shift nursing services through **interventions with the caregiver team** by providing guidance regarding the parameters of each of the team members' roles and responsibilities. **Administers the in-person reach of online trainings.**

Pediatric Coaches also run the Family Advisory Workgroup and develop, schedule, and host **ongoing regional family advisory workgroups**. The purpose of the workgroups is to give families an opportunity to provide insight and feedback on services (PCCRC and others) being utilized.

# Pediatric Complex Care Resource Centers (PCCRC)



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= Family Facilitator (FF)  
**(5 total + 1 Family Facilitator  
Coordinator)**

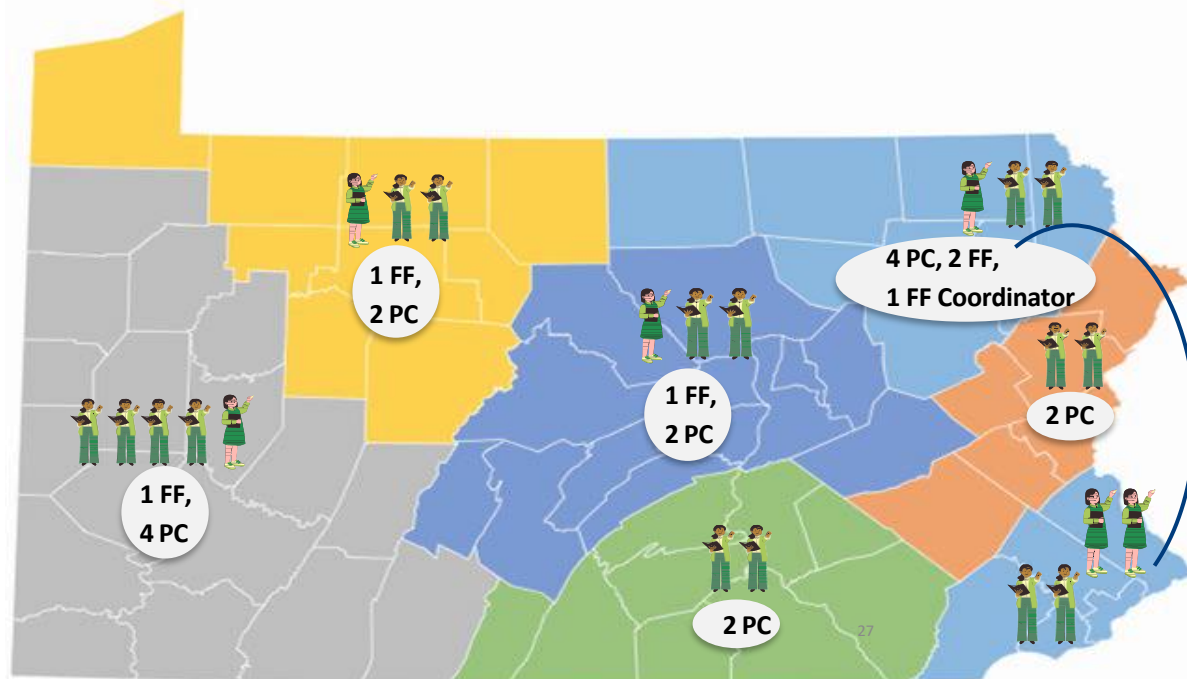


= Pediatric Coach (PC)  
**(16 total)**



= PCCRC Regions:

-  Geisinger (Central PA)
-  AA Eastern PA
-  Milestone West
-  Milestone Northwest
-  AA Northeast PA
-  AA South Central PA



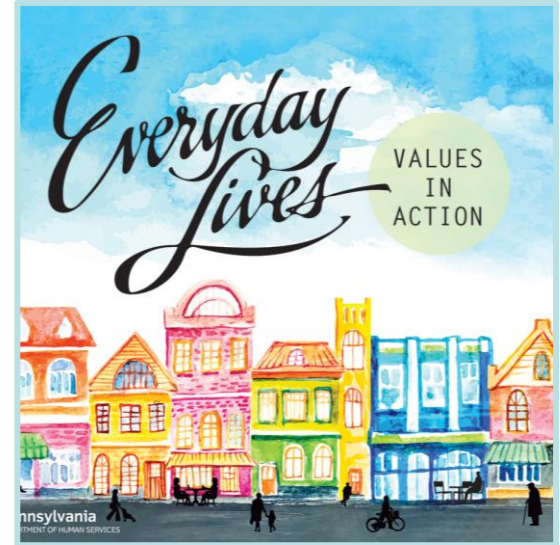


# Why did ODP make changes?



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- DHS strives to provide a comprehensive approach to serving children, youth, and young adults – birth to 21 years of age – through programs that focus on early intervention, healthy development, strong relationships, family stability, community integration, and safety.
- To ensure that individuals and families have access to services that support an everyday life.
- To allow families to support their loved ones while remaining at home.

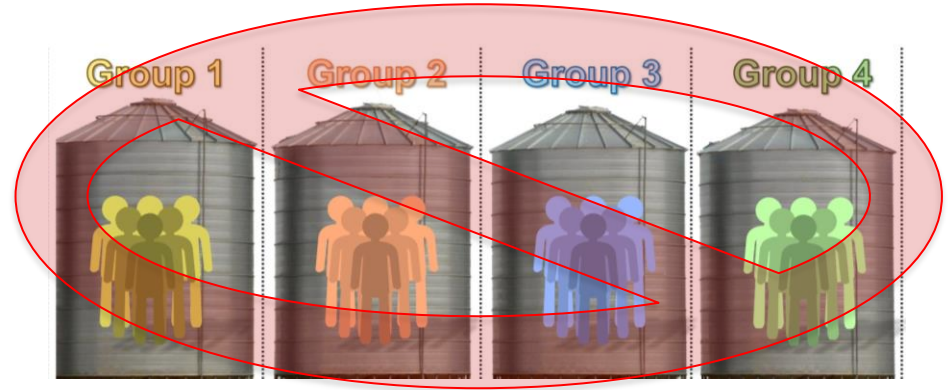


# Why (continued)?



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- Children do not need to grow up in facilities / hospitals
- Collaboration & Smooth transition between service systems
- To empower families to care for their loved ones
- To eliminate barriers (assist with medical needs, support in their home, etc.)





# Resources



## Become qualified

- <https://home.myodp.org/resources/autism-resources/provider-qualification-and-enrollment/>

## Learn more about MCC

- Medically Complex Conditions Training Series:  
<https://www.myodp.org/course/view.php?id=2054>

## Connect with other professionals

- Pediatric Complex Care Resource Centers:  
<https://www.pa.gov/en/agencies/dhs/resources/medicaid/pediatric-complex-care-resource-centers.html>
- Health Care Quality Units:  
<https://www.pa.gov/en/agencies/dhs/resources/for-providers/health-care-quality-units.html>





## FAQ, Version 2:

- Coming soon!

## Level of Care DP Form:

- <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-ocd/Attachment%204%20-%20DP%201090.pdf>

## ODP Waivers:

- <https://www.pa.gov/en/agencies/dhs/departments-offices/odp-info/odp-bureau-community-services.html>



Registering Children to the County ID/A Programs (bulletin & training):

- <https://www.myodp.org/course/view.php?id=2030>

Who to send questions to:

- ODP Customer Service:
  - [ra-customerservice@pa.gov](mailto:ra-customerservice@pa.gov)
- ODP Policy mailbox:
  - [RA-odpcomment@pa.gov](mailto:RA-odpcomment@pa.gov)



## County Contacts:

- <https://www.pa.gov/agencies/dhs/contact/county-mh-id-offices.html>

## How to get on an ODP Listserv:

- [https://home.myodp.org/resources/subscribe-to-odp-listservs/#:~:text=ODP%20communicates%20with%20it%27s%20stakeholders,from%20that%20listserv\(s\).](https://home.myodp.org/resources/subscribe-to-odp-listservs/#:~:text=ODP%20communicates%20with%20it%27s%20stakeholders,from%20that%20listserv(s).)