



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Office of Developmental Programs

ADULT AUTISM WAIVER

PROVIDER INFORMATION TABLE

Service Definitions, Rates,
Procedure Codes & Qualifications

Effective 10/1/2024

- 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

The following qualifications must be completed at initial enrollment and must be met by all providers for the duration of enrollment for AAW service provision.

- Prior to starting the qualification process for the AAW, providers, not including Supports Coordination Organizations (SCOs), must complete the Office of Developmental Programs (ODP) Provider Applicant Orientation on MyODP.
 - AAW-only providers are required to complete pre-registration modules 1-5, while providers pursuing dual enrollment in the Consolidated, Community Living, or P/FDS waivers are required to complete pre-registration modules 1-6 and a face-to-face orientation.
 - Providers that are seeking enrollment in AAW that are already enrolled with another ODP waiver and have completed the Provider Applicant Orientation do not need to repeat modules 1-5 prior to starting the AAW qualification process.
- Prior to starting the AAW SCO qualification process, SCOs must complete the ODP SCO Orientation on MyODP.
- Have a signed Medical Assistance Provider Agreement and an approved ODP Waiver Provider Agreement on file with ODP.

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.

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)	SE: State & Federal Funding U2: Adult Autism Waiver
		55 Vendor	250 DME/Medical Supplies	T2029 (Specialized Medical Equipment)	

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. 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.

The independent evaluation must be conducted by a licensed physical therapist, occupational therapist, speech/language pathologist or a professional certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). 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:

- Maximum amount for this service is \$10,000 over a participant’s lifetime. An exception to this limit may be made in accordance with ODP policy. This lifetime limit includes:
 - A lifetime limit of \$5,000 for generators for the participant’s primary residence only. Generators for a secondary residence are not available through the Waiver. While generators have a separate lifetime limit, the amount spent on a generator is included in the overall Assistive Technology lifetime limit of \$10,000.
 - Repairs, warranties, ancillary supplies, software and equipment.

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.

<i>SERVICE DEFINITION</i>

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. 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;
- Extended warranties;
- 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. 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 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. Applications for electronic devices that assist participants with a need identified are also covered.

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 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 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

*Effective begin date for POS code 10 is 01/01/2024

LIMITATIONS

Vocational Assessment is a time-limited service requiring re-authorization every 90 days. 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.

Job Finding is a time-limited service requiring re-authorization every 90 days. 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.

Vocational Assessment may be authorized whenever the participant's circumstances or career goals change. 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 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 is seeking career planning services to find a new job, unless the purpose is job advancement which can be provided by OVR.

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.

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 concurrent 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.

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 outcome. It is specific to the participant and may be provided both directly to the participant and indirectly for the benefit of the participant.

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; 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. Discovery also includes review of the participant's work history.
- 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.
- Consulting with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks on behalf of a participant.
- Assisting participants to make contact with relevant agencies and obtain documents needed to access employment supports and services that educate participants on the impact of employment on current benefits.
- Development of 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 service plan and shared with members of the service plan team, as needed, to support the recommendations of the Vocational Assessment.

2. Job Finding is an individualized, outcomes-based service that provides assistance to the participant in developing or securing competitive integrated employment that fits 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 by the service plan, 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 the participant has received Vocational Assessment services and has a current Vocational Profile, the Job Finding service will be based on information obtained and recommendations included in the Vocational Profile, as applicable. Documentation of consistency between Job Finding activities and the Vocational Profile, if applicable, is required.

Job Finding includes (as needed by the participant):

- Prospective employer relationship-building/networking.

- Identifying potential employment opportunities consistent with the participant’s Vocational Profile.
- Collaboration and coordination with the participant’s natural supports in identifying potential contacts and employment opportunities.
- Assisting participants to make contact with relevant agencies and obtain documents needed to access employment supports and services that educate participants on the impact of employment on current benefits.
- Consulting with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks on behalf of a participant.
- Job search.
- Support for 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.
- Identifying and developing customized employment positions including job carving.
- Informational interviews with employers.
- Referrals for interviews.
- Support of the participant to negotiate reasonable accommodations and supports necessary for the individual to perform the functions of a job.

Teleservices

Teleservices are the delivery of direct services using remote technology. Career Planning teleservices may be provided in accordance with ODP policy.

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 to 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 allowable 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 remote technology to deliver services 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 is HIPAA compliant and that 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.

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 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 2.0 training.
- Complete required training developed by ODP for Employment/Vocational Services for people with autism spectrum disorders.
- 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.

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 (OHCD). See [Appendix A](#) of this document for procedure codes and policy on submitting an OHCD Administrative Fee.

LIMITATIONS

Limited to \$4,000 in a participant's lifetime. This limitation generally would not impact participants' health and welfare. This service is only authorized for participants who move from Medicaid-funded institutional settings into the community. In the event that a participant would need community transition services beyond the limits in order to assure health and welfare, the Supports Coordinator based on appropriate documentation of need will convene an ISP meeting of 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 have transitioned from a Medicaid-funded institution to a private residence where the person is directly responsible for his or her living expenses. Medicaid-funded institutions include ICF/IID, ICF/ORC, nursing facilities, and psychiatric hospitals, including state hospitals, where the participant has resided for at least 90 consecutive days. Allowable expenses are those necessary to enable an individual to establish his or her 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 service plan development process; clearly identified in the service plan, 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. The individual must be reasonably expected to be eligible for and to enroll 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. Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

PROVIDER QUALIFICATIONS

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

NOTE: When this service is delivered through an Organized Health Care Delivery System (OHCD) provider, the OHCD 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
		\$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

*Effective begin date for POS code 10 is 01/01/2024 and POS code 02 will end effective 01/01/2024 for W7063, W7064, W7065 and W7066.

LIMITATIONS

Total combined hours for Specialized Skill Development/Community Support, Day Habilitation, Supported Employment (Intensive Job Coaching direct and Extended Employment Supports 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 his or her 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.

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 to a participant during the same hours that Supported Employment (when provided directly to the participant), Small Group Employment, quarter hourly-reimbursed Respite, or Specialized Skill Development/Community Support is provided.

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 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 are receiving 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; and experience meaningful community participation and inclusion. 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. Support provided should include a comprehensive analysis of the participant in relation to the following:

- 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 make contact with relevant agencies and obtain documents needed to access employment supports and services that educate participants on the impact of employment on current benefits,
- on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision;
- 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; and
- assistance with medication administration and the performance of health-related tasks to the extent state law permits.

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.

Day Habilitation is normally furnished for up to 6 hours a day, five days per week on a regularly scheduled basis. Day Habilitation does not include services that are funded under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education and 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.

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.

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 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 the service to 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 services must be 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 service delivery, including turning it on and off at-will.

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 2.0 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)	SE: State & Federal Funding	
						90847 (w/ Participant Present)		
				11 Mental Health/ Substance Abuse	421 Autism Social Worker	H0046		
								422 Autism Marriage and Family Counselor
								423 Autism Professional Counselor
424 Autism Counseling Agency								
<p>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) *</p> <p>Electronic Visit Verification? No</p> <p>*Effective begin date for POS codes 02 and 10 is 01/01/2024</p>								

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 to help develop and maintain healthy, stable relationships among all members of the participant's unpaid informal network, including family members and the participant, in order to support the participant in meeting the goals in the participant's 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 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. Career Planning teleservices may be provided in accordance with ODP policy.

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 to 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 allowable 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 remote technology to deliver services 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 is HIPAA compliant and that 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.

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 2.0 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

Waiver Service	Unit	Provider Type	Provider Specialty	Procedure Code
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 \$1,000. 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.

Participants authorized to receive Residential Habilitation (Community Homes) 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:

- Alarms and motion detectors on doors, windows, and/or fences;
- 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; or
- Modifications of bathroom facilities.

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 only include 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.
- 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.
- 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.

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

*Effective begin date for POS code 10 is 01/01/2024

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.

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.

If the participant receives Behavioral Specialist Services, the services delivered must be consistent with the participant's behavioral support plan and crisis intervention plan. This service does not include the purchase of food.

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 2.0 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

*Effective begin date for POS code 10 is 01/01/2024

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

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

Participants who receive Residential Habilitation (Community Living) or Life Sharing services may be authorized to receive 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 service (procedure code W6088) as this is covered in the rate paid for the residential service.

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 when 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.

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 direct 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 of 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 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.).
- 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 or 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.

- Developing and implementing 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.
- Ensuring the 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.

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 2.0 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	<u>Mod.*</u>
Residential Habilitation: 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	
<u>Unlicensed Residential Habilitation:</u>		\$181.57	Low	52 Community Residential Rehabilitation	524 Unlicensed	W7052	SE
		\$220.48	Medium			W7054	
		\$259.39	High			W7053	

Life Sharing Home							
Life Sharing Home Remote Supports-Technology (equipment)	item	---	---	52	522/524	W6087	---

Modifier Description: Use the modifier SE to denote Residential Habilitation: 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

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Residential Habilitation-1 Person-Reserved Capacity-Area 1		\$92.57				W6081
Residential Habilitation-1 Person-Reserved Capacity-Area 2	Day	\$84.15	--	52	521	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

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 two participants per Life Sharing Home.

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).

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) or 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

Residential Habilitation assists individuals 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.

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; responding to emergencies in the home and community such as fire or injury; 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.
5. Manage his or her emotional wellness including self-management of emotional stressors and states such as disappointment, frustration, anxiety, anger, depression, and access mental health services.
6. Participate in, and when preferred, direct the person-centered planning process.
7. Develop or expand decision making skills, including identifying options/choices and evaluating options/choices against personal preferences and desired goals. This includes assistance with identifying supports available within the community.
8. Promote 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. Be mobile by assisting him or her with using a range of transportation options including buses, trains, cab services, driving, and joining car pools, etc.
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 relationships with members of the broader community and to manage problematic relationships.
13. Exercise rights as a citizen and fulfill his or her civic responsibilities such as voting and serving on juries; attending public community meetings; to participate in community projects and events with volunteer associations and groups; to serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance his or her 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.

This service includes transportation to community activities not included in the Medicaid State Plan or other services in this waiver. Those transportation costs are built into the rate for this 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.

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.

Residential Habilitation services must be necessary to achieve the expected outcomes 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.

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, 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".

Residential Habilitation (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 Residential Habilitation (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 his or her 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 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.

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 and 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 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](#).

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.

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:

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 reasonably calculated to be understood by the participant. After this has been completed, the Residential Habilitation provider must then obtain either the participant's consent in writing or the written consent of a legally responsible party for the participant. This process must be completed prior to the utilization of remote supports, and any time there is a change to the remote supports 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.

Agencies must meet the following standards:

- Have a waiver service location in Pennsylvania.
- Submit a financial statement that has been audited by an independent Certified Public Accountant to ODP on an annual basis.
- Meet the requirements of 55 Pa. Code 6400 (Community Homes) or 6500 (Life Sharing), as applicable.
- Be qualified and enrolled to provide Residential Habilitation/Life Sharing services in the Consolidated or Community Living Waiver.
- 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.
- 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.

Individual staff providing this service must meet the following qualifications:

- Be age 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 2.0 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). No, for all other procedure codes.						
LIMITATIONS						

Expenditure for Respite is limited to 30 times the day unit rate for respite in a licensed facility per year, with the year starting 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), or Small Group Employment is provided. This service does not include room and board when delivered in the participant's 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.

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 provides planned or emergency short-term relief to a participant's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. Respite may be delivered in the participant's home, unlicensed home controlled by a provider or a private home of staff of a Respite provider, a home owned by a Respite agency provider, a home owned by a Respite agency provider, Family Living home (Title 55 Pa Code Chapter 6500), or Community Home (Title 55 PA Code Chapter 6400). Respite may also be provided in general public community settings such as parks, libraries, museums and stores. Respite may be provided either in or out of the participant's home. Respite services facilitate the participant's social interaction, use of natural supports and typical community services available to all people, and participation in volunteer activities.

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). Respite includes on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision. To the degree possible, the respite provider must maintain the participant's schedule of activities.

If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. The service includes collecting and recording the data necessary to support review of the Individual Support Plan and the behavioral support plan.

Respite is provided as follows:

- In the participant's home or out of the home in units of 15 minutes. Intended to provide short-term respite. Respite does not include room and board when provided in the participant's home.
- Out of the home in units of a day which is defined as 10 or more hours of out of home respite. Intended to provide overnight respite. Respite services when provided outside the home include room and board.

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 Family Living 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.

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 2.0 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

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
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

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

LIMITATIONS

Total combined hours for Specialized Skill Development/Community Support, Day Habilitation, Supported Employment (Intensive Job Coaching, Direct and Extended Employment Supports, Direct) 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.

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 adults 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 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 outcomes identified in the participant's service plan. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to ensure that expected outcomes are met, to ensure the participant is aware of employment options, 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. It is the participant and services provider's responsibility to notify the SC of any changes in the employment activities and to provide the SC with copies of the referenced evaluation.

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 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 2.0 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
Specialized Skill Development: Behavioral Specialist	Unit (Develop Plan, FBA)	\$1,890.66	1:1	51 Home & Community Habilitation	420 Autism Behavioral Specialist	96156
	15 min	\$23.63	1:1			96159: Direct Service
		\$23.63				96171: Consultation
<p>Place of Service Codes (Behavioral Specialist) 96156 and 96171: 02 (Telehealth Provided Other than in Patient's Home), 10 (Telehealth Provided in the Home) *, 11 (Office), 12 (Home), 99 (Other Place of Service). 96159: 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**).</p> <p>Electronic Visit Verification? No.</p> <p>*Effective begin date for POS code 10 is 01/01/2024 ** Place of Service code is to be used when services provided in Acute Care Hospital settings (see Bulletin 00-23-01)</p>						
Specialized Skill Development: Community Support	15 min	\$12.46	1:1	51 Home & Community Habilitation	510 Home & Community Habilitation	W7201
		\$6.73	1:2			W7204
		\$4.82	1:3			W7205
<p>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**).</p> <p>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)</p> <p>Electronic Visit Verification? Yes.</p> <p>*Effective begin date for POS code 10 is 01/01/2024 ** Place of Service code is to be used when services provided in Acute Care Hospital settings (see Bulletin 00-23-01)</p>						
Specialized Skill Development: Systematic Skill Building	Unit (Plan Develop, SBP)	\$659.69	1:1	51 Home & Community Habilitation	427 Systematic Skill Building	W7214
	15 min (Direct)	\$19.02				W7215

	15 min (Consult)					W7216
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Place of Service Codes (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).

Electronic Visit Verification? No

*Effective begin date for POS code 10 is 01/01/2024

** Place of Service code is to be used when services provided in Acute Care Hospital settings (see Bulletin 00-23-01)

LIMITATIONS

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.

Total combined hours for Community Support, Day Habilitation, Supported Employment (Intensive Job Coaching, Direct and Extended Employment Supports, 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 by the BSASP 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.

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 challenges participants may have because of 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. Supports focus on positive behavior strategies that incorporate a proactive understanding of behavior and skill-building, not aversive or punishment strategies. Services are based on individually-tailored plans developed by people with expertise in behavioral supports and independent living skills development.

Three levels of support are included:

A. Behavioral Specialist Services (BSS)

BSS provides specialized interventions that assist a participant to increase adaptive behaviors to replace or modify challenging behaviors of a disruptive or destructive nature that prevent or interfere with the participant's inclusion in home and family life or community life. The BSS promotes consistent implementation of the 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 and other providers. Consistency is essential to skill development and reduction of problematic behavior. BSS includes both the development of an initial BSP and ongoing behavioral supports.

- **Initial BSP Development** includes the following activities carried out by the qualified Behavioral Specialist:
 - Conducts a Functional Behavior Assessment (FBA) of behavior and its causes, and an

analysis of assessment findings of the behavior(s) to be targeted so that an appropriate BSP may be designed;

- Develops an individualized, comprehensive BSP that includes positive practices and least restrictive interventions to be used by people coming into contact with the participant to increase and improve the participant's adaptive behaviors. The BSP may not include chemical or mechanical restraints. 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 a participant from immediate physical harm to the participant or others. BSPs that include restrictive procedures must be approved by a human rights team prior to implementation. ODP expects that, regardless of the number of providers supporting a participant, continuity of care will be maintained through ongoing team communication and collaboration. Ideally, there should be one BSP for the participant that is integrated and comprehensive and incorporates support strategies for all environments. If there is more than one Behavioral Specialist working with the participant, the BSP can reflect joint authorship;
- 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 other appropriate waiver service providers 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; and
- Upon completion of plan development, meets with the participant, family members, SC, other providers, and employers to explain 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.
- **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. This service may be furnished in a participant's home and at other community locations.
- Direct supports include:
 - Support of and consultation with the participant to help them understand the purpose, objectives, methods, and documentation of the BSP, evaluate the effectiveness of the BSP and review recommended revisions;
 - Crisis intervention supports provided directly to the participant in response to a behavioral episode that manifests with acute symptoms of sufficient severity such that a prudent layperson, could reasonably expect that the absence of immediate intervention

will result in placing the participant and/or the persons around the participant in serious jeopardy including imminent risk of institutionalization or place the participant at imminent risk of incarceration or result in the imminent damage to valuable property by the participant.

• Consultative supports include:

- Support of family members, friends, waiver providers, other support providers, and employers to help them understand the purpose, objectives, methods of implementation, and how progress of the BSP is collected and documented and to understand any revisions that have been made to the plan which have previously been agreed upon with the participant;
- Monitoring and analyzing data collected during the BSP implementation based on the goals of the BSP;
- If necessary, modification of the BSP or the CIP, possibly including a new FBA, based on data analysis of the plans implementation; and
- Crisis intervention supports provided to informal or formal caregivers in response to a behavioral episode that manifests with acute symptoms of sufficient severity such that a prudent layperson, could reasonably expect that the absence of immediate intervention will result in placing the participant and/or the persons around the participant in serious jeopardy including imminent risk of institutionalization or place the participant at imminent risk of incarceration or result in the imminent damage to valuable property by the participant.

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. The SC is responsible for ensuring that the participant's BSP and CIP are consistent with the participant's ISP, and will reconvene the planning team if there are any discrepancies. When a BSP or CIP is revised, the Behavioral Specialist must update the BSP and CIP in HCSIS and notify the participant and representative, if applicable, the SC, and all providers responsible for implementing the plan of the changes that were made to the BSP or CIP.

Travel time may not be billed by the provider as a discrete unit of this 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 uses evidence-based methods to help the participant acquire skills that promote independence and integration into the community, which are not behavioral in focus. While SSB develops a Skill Building Plan (SBP) based on the participant's goals, the person providing SSB is not the primary implementer of that Plan. People who provide other supports such as Community Support, Supported Employment, Day Habilitation or Residential Habilitation are

primarily responsible for 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. Aligning paid and natural supports in using the same SBP also promotes generalization of skills across different environments, often a challenge for individuals with ASD. Possible skills include how to cook or use public transportation.

1. SBP Development includes the following activities carried out by the qualified Skill Building provider:

- Conducts an evaluation of the participant’s abilities and learning style that is related to goals in the ISP. The evaluation may include the participant’s history with skill acquisition as well as identification of the participant’s baseline skills.
- Within 60 days of the start date of SSB, a SBP must be developed to address objectives that are aligned with the goals of SSB. The SBP should be informed by Applied Behavior Analysis and use techniques such as backward and forward chaining, prompting, fading, generalization and maintenance to develop adaptive skills and promote consistency of instructional methods across environments. The SBP includes benchmarks for assessing progress. A participant’s SBP may address multiple skills, as appropriate to address different goals or objectives.
- The SBP justifies necessary levels of SSB services. ODP reviews the amount of direct and consultative service requested before authorization to ensure it is appropriate given the needs identified.
- Upon completion of the initial SBP, meets with the participant, family, SC, and other providers to explain the SBP to ensure all parties understand the plan, how to implement it, how to collect necessary data for evaluating effectiveness, and the importance of its consistent application.

2. Ongoing Support: Upon completion of the initial SBP, the SSB provider provides direct and consultative supports. This service may be furnished in a participant’s home and at other community locations.

- Direct supports include:
 - Support of and consultation with the participant to help them understand the purpose, objectives, methods, and documentation of the SBP and review recommended revisions;
 - Direct interaction or observation of the participant to evaluate progress and the need to revise the SBP or its objectives.
- Consultative supports include:
 - Support of family members, friends, waiver providers, other support providers, and employers to help them understand the purpose, objectives, methods, and documentation of the SBP and to understand any revisions that have been made to

- the plan which have previously been agreed upon with the participant;
- Monitoring and analyzing data collected during implementation of the SBP based on the goals of the SBP;
- Modifying and revising 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 this 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 assists participants in acquiring, retaining, and improving communication, socialization, self-direction, self-help, and other adaptive skills necessary to reside in the community. Community Support facilitates social interaction; use of natural supports and typical community services available to all people; and participation in education and volunteer activities. Community Support includes activities that improve 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). 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 must be necessary to achieve the expected goals and objectives identified in the participant's ISP. 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 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](#).

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.

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 to 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 allowable 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.

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.

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

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

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

- Training in conducting a Functional Behavioral Assessment (FBA) and in using positive behavioral support. The training must be provided by either the BSASP or by an accredited college or university. If this training was not provided by the BSASP, ODP must review and approve the course description; 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 Social Work, Psychology, Education, or a human services field related to Social Work, Psychology or Education; or
- Have a Bachelor's Degree or higher in another field and 3 or more years' experience directly supporting individuals with ASD in the community;

In addition to the above requirements, individuals who provide Systematic Skill Building must also complete training developed by ODP 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 2.0 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

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Supported Employment: Intensive Job Coaching	15 min	\$20.13	1:1	53 Employment – Competitive	531 Job Support	W7200 (Direct)
						W7207 (Indirect)
Supported Employment: Extended Employment Supports			1:1			W7206 (Direct)
						W7202 (Indirect)
<p>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</p> <p>*Effective begin date for POS code 10 is 01/01/2024</p>						
LIMITATIONS						

Intensive Job Coaching may be authorized every 6 months for a total of 18 consecutive months.

Extended Employment Supports may be authorized up to a maximum of 416 hours per year, with the year starting on the ISP authorization date.

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 services (Intensive Job Coaching, Direct and Extended Employment Supports, Direct) 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.

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.

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, for the benefit of a single participant at one time, to provide assistance to participants who need ongoing support to maintain a job in a self-employment or competitive employment arrangement in an integrated work setting in a position that meets a participant's personal and career goals. 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. 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 obtain 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 the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks on behalf of a participant.

Intensive Job Coaching:

Intensive Job Coaching 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 and addressing issues as they arise, such as training the participants in using public transportation to and from the place of employment.

Intensive Job Coaching provides on-the-job training and support to assist participants in stabilizing in a supported or self-employment situation. Intensive Job Coaching supports participants who require on-the-job support for more than 20% of their work week at the outset of the service, with the expectation that the need for support will diminish during the Intensive Job Coaching period (at which time, Extended Employment Supports will be provided if ongoing support is needed). 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.

Intensive Job Coaching at the same employment site must be reauthorized after 6 months and may only be reauthorized twice, for a total of 18 consecutive months of Job Coaching support for the same position. A participant who needs Intensive Job Coaching at the same employment site for more than 18 consecutive months must request an exception to the limit consistent with ODP policy.

Intensive Job Coaching may be reauthorized for the same location after a period of Extended Employment Supports, due to a change in circumstances (such as new job responsibilities, personal life changes, or a change of supervisor).

Extended Employment Supports:

Extended Employment Supports are ongoing support available for an indefinite period as needed by the participant for 20% or less of their work week. Extended Employment Supports are available to support participants in maintaining their paid employment position or self-employment situation. This may include reminders of effective workplace practices and reinforcement of skills gained prior to employment or during the period of Intensive Job

Coaching, coordinating with employers or employees and coworkers (including maintaining coworker supports). At least 1 visit per month to the participant at the work place is required in order to understand the current circumstances at the job site and to evaluate the participant's level of need for the Supported Employment service, firsthand. This monthly monitoring will inform the employment supports provided by this service.

Teleservices

Teleservices are the delivery of direct services using remote technology. Supported Employment teleservices may be provided in accordance with ODP policy.

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 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 to 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 allowable 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 is 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.

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.

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 two components: Intensive Job Coaching and Extended Employment Supports.

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 2.0 training.
- Complete required training developed by ODP for Employment/Vocational Services for people with autism spectrum disorders.
- 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

<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>
	1 Unit	\$1,196.28	1:1	21	214	W7199

Supports Coordination	(Develop Plan, ISP)			Case Manager	Supports Coordination Agency	
	15 min (Ongoing)	\$25.67	1:1			T2024
<p>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).</p> <p>Electronic Visit Verification? No</p> <p>** Place of Service code is to be used when services provided in Acute Care Hospital settings (see Bulletin 00-23-01)</p>						
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, 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, Transportation and Vehicle Modifications.

A participant’s Supports Coordination Organization may not own or operate providers of Community Transition Services, Assistive Technology, Home Modifications, 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 his or her 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.

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. This guidance replaces remote monitorings that was included as part of the Appendix K flexibilities. Consult ODP Announcement 22-085, or its

successor, for more information.

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. 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 his or her 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 his or her 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
- One visit may occur via teleservices as long as the conditions outlined in the [Teleservices](#) section below are met.

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.

SERVICE DEFINITION

Supports Coordination involves the location, coordination, and monitoring of needed services and supports. The Supports Coordinator (SC) assists participants in obtaining and coordinating needed waiver and other State plan services, as well as housing, 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 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.
- 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).
- The Supports Coordinator also ensures participant choice of services and providers by providing information to ensure participants make fully informed decisions.
- Initial Plan Development includes Supports Coordination to facilitate community transition for individuals 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.
- Assisting the participant and his or her 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.
- 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 gaining access to needed services.
- Assists participants in participating in civic duties.

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 above. In addition, the SC must contact the participant, his or her 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. Monitoring the health and welfare of participants includes the review of information in health risk screen 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 professional and whether those changes are being implemented.
- 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 service plan team discussions or meetings when services are not achieving desired outcomes.
- 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.
- At the annual service plan meeting, the Supports Coordinator will provide the participant and his or her family with information on competitive integrated employment during the planning process and upon the participant's or family's request.
- Provides the participant and his or her 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.
- 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 providers of service 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, 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.

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 HCSIS 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](#).

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

If a participant refuses Supports Coordination services, ODP staff will perform the Supports Coordination tasks described in this waiver to assure health and welfare of the participant.

Supports Coordination Organizations must use HCSIS to maintain case records that document the following for all individuals receiving Supports Coordination:

- 1) The name of the individual.
- 2) The dates of the Supports Coordination services.
- 3) The name of the provider agency (if relevant) and the person providing the Supports Coordination.
- 4) The nature, content, units of the case management services received and whether goals specified in the service plan have been achieved.

- 5) Whether the individual has declined services included in the service plan.
- 6) The need for, and occurrences of, coordination with other SCs or case managers.
- 7) A timeline for obtaining needed services.
- 8) A timeline for reevaluation of the ISP.

Teleservices

Supports Coordination teleservices may be used for locating, coordinating and monitoring activities when all of the following are met:

- 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.
- Teleservices via video communication devices in bathrooms is prohibited.
- Teleservices via video communication devices in bedrooms may only occur 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 during 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; and
 - Teleservices 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.).

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.

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

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.
- Submit a financial statement that has been audited by an independent Certified Public Accountant to ODP on an annual basis.
- 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.

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 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 2.0 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.

Temporary Supplemental Services

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

Services are limited to 540 hours in a 12-month period beginning on the date this service was first authorized. This service is used in response to an urgent, temporary need. Therefore, it would not typically be included in an ISP during annual renewal, but be added through the Critical Revision process as needed. Within 5 business days of the HCSIS alert indicating submission of the Critical Revision, ODP will complete the review of the Critical Revision.

If a participant is experiencing numerous events which require this service, 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);
- Seeking services through non-waiver resources such as State Plan services or local community agencies; or
- Accessing residential habilitation services.

In addition, the team and ODP will invoke the risk management procedures to determine if the participant's health and welfare can be assured by this waiver.

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

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 avoiding a participant's entering into crisis or in stabilizing a participant following a crisis. If the participant receives Behavioral Specialist Services, this service includes implementing the behavioral support plan. 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.

ODP reviews the continued need for the Temporary Supplemental services based on data and information received from the Supports Coordinator, Behavioral Specialist (if the participant receives Behavioral Specialist services), clinicians involved in the participant's care, the participant and other team members, including the family or representative, at least weekly. 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), 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 2.0 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.

Therapy

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?** No, for Counseling. Yes, for Speech/Language Therapy.

*Effective begin date for POS code 10 is 01/01/2024

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 individuals in the acquisition, retention, or improvement of skills necessary for the individual to live and work in the community, and must be attached to an individualized outcome. 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 individual continues to require the current level of authorized services and that the service continues to result in positive outcomes for the individual. It is recognized, however, that long-term Therapy services may be necessary due to an individual's extraordinary medical or behavioral conditions. The need for long-term Therapy services must be documented in the individual's service plan.

Teleservices

Teleservices are the delivery of direct services using remote technology. Therapy teleservices may be provided in accordance with ODP policy.

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 the service to 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 allowable 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.

Therapies do not duplicate services under the State plan due to difference 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.

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 2.0 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 Non-emergency (Transportation)	W7272
Transportation – Trip (Zone)	Zone 1	\$20.34	Vendor		W7274
	Zone 2	\$36.56	26		W7275
	Zone 3	\$54.50	Transportation		W7276

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

Note on Transportation Trip (Zone) rates: Shown above are the standard rates included as part of the final Fee Schedule Rates published in the Pennsylvania Bulletin on Feb. 26, 2022. As of this publication date, enhanced rates that were established due to impacts on service because of the COVID-19 pandemic are in effect. The enhanced rates, published in ODP Communication 21-030, will be in effect until six months after the end of the federal Public Health Emergency (PHE) for COVID-19. At that time, the Fee Schedule Rates listed in this table will take effect. ODP will issue a communication when the enhanced rates end, and the rates shown above take effect.

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

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, Specialized Skill Development (Behavioral Specialist Service, Systematic Skill Building, and Community Support), and Small Group Employment.

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.

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.

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

Expenditure for Transportation is limited to \$7500 per participant's service plan year with the following exception:

For participants receiving Transportation Trip, expenditure for the Transportation Trip service only is limited to \$10,000 per participant's service plan year.

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.
- **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. Taking a participant to a destination and returning the participant to his/her home is considered two trips or two units of service. 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.

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 organization or individual, including friends and family members, may provide Transportation-Trip through an OHCDS.

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

Vehicle Modifications services are limited to \$10,000 per participant during a 5-year period. The 5-year period begins with the first utilization of authorized Vehicle Modifications services.

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.

Vehicle Modifications costing over \$500 must be recommended by an independent evaluation of the participant's needs, including a functional evaluation of the impact of the modification on the participant's needs. This service does not include the independent evaluation.

Depending on the type of modification, the evaluation may be conducted by an occupational therapist; a physical therapist, a behavioral specialist, or another professional as approved in the ISP. The organization or professional providing the evaluation shall not be a related party to the Vehicle Modifications provider.

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.

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.

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>HCSIS Service Name</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), 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 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 and/or Vehicle Modifications.

Supported Employment agencies can apply to become OHCDS entities for the Adult Autism Waiver service of Transportation.

Providers and SCOs can enroll as an OHCDS provider by contacting BSASP Provider Enrollment at RA-pwbasprovenroll@pa.gov.

The OHCDS provider can charge an administrative fee for per the ODP billing requirements. This administrative fee is \$25.00 or 10% per transaction, whichever is less. The administrative fee does not apply towards the fiscal limitations as defined in the service definitions.

Please note that PROMISE will only approve one administration fee claim for a participant per month. Therefore, only one OHCDS provider is able to bill and receive payment for the administration fee per month.

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, the Supports Coordinator must communicate with the participant, or reconvene the ISP team to discuss needed changes and revise the ISP.

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.

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](#)