APPENDIX B - SERVICES AND STANDARDS

APPENDIX B-1
DEFINITION OF SERVICES

1. __ Services Management (Provided by Targeted Service Management (TSM), effective July 1, 2001)

Services Management, formerly identified as case management, is the single service that is responsible for intake, diagnosis, monitoring, needs assessment and evaluation along with location, coordination and monitoring of services for the individual.

Services are provided in accordance with County Mental Retardation Services Regulations (55 PA Code Chapter 6201) and policy, which is currently MR Bulletin #00-92-23 titled: County Responsibilities for Waiver Case Management.

Services assist individuals in gaining access to needed waiver and other state plan services, as well as needed medical, social, educational and other services, regardless of funding source for the services to which access is gained. Service managers will also advocate for the rights of individuals in gaining access to appropriate home and community services.

The service manager is responsible for development, coordination and ongoing monitoring of the provision of services included in the individual's program plan. Additionally, the service manager can initiate and supervise the process of assessment and reassessment of individual level of care determinations and the review of individual program plans at such intervals as specified in Appendices C and D of this request.

Educational and professional qualifications of service managers are specified in Appendix B-2.

2. X__ Respite Services

Respite services consist of services which are provided on a short-term basis because of the absence or need for relief of those persons normally providing the care.
Individuals can receive two categories of respite services: 24 hour overnight respite and temporary respite. 24 hour overnight respite is provided in segments of 24 hour units and includes overnight care. Temporary respite is respite services provided on less than a 24 hour overnight basis.

The County MH/MR Program shall ensure that each rate established for the provision of respite services includes all waiver eligible costs associated with that service, including the provider’s cost for recruitment, transportation, supervision and training, where applicable.

Federal and State financial participation is being limited to:

1. Services provided for individuals residing in their own home or the home of relative, friend or other family. Respite services are not available for individuals who reside in agency operated community homes.

2. 30 days of 24 hour overnight respite per individual in a period of one year except when extended by a regional waiver pursuant to Family Resource Services Regulations, 55 PA Code Chapter 6350.16.

3. Temporary respite up to the number of hours stipulated in the individual's program plan.

FFP will not be claimed for the cost of room and board except when provided as part of respite services in a facility approved by the State that is not a private residence.

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

- [X] Recipient's home or place of residence.
- [X] Licensed or approved foster family home.
- [X] Licensed community home or family living home.
- [X] Licensed respite care community or family living home.
- [X] Unlicensed home of a provider meeting qualifications in Appendix 2-B.
- [X] Other community settings such as summer camp where the setting meets applicable state or local codes and the provider of service meets the provider qualifications established by the Department.
Qualifications of providers of respite services are included in Appendix B-2. Applicable Keys amendment standards are included in Appendix B-3.

3. X Community Habilitation

Community Habilitation means services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Habilitation may be provided up to 24 hours a day based on the needs of the individual receiving services. Included are provider training costs, supervisory costs, purchased personnel costs, and costs of necessary supplies, equipment and adaptive appliances. Services may be provided by a qualified family member or relative, independent contractor, or services agency.

In the case of providers who are family members, federal and state financial participation is excluded except when the following conditions are met:

1. The service provided is not a function which a relative would normally provide for the individual without charge as a matter of course in the usual relationship among members of the nuclear family.

2. The service would otherwise need to be provided by a qualified provider of habilitation services funded under the waiver.

3. The service is provided by a relative who meets the same qualifications that are currently established for other non-licensed providers of services by the Department.

This service consists of:

1. Habilitation provided in community homes and family living homes licensed by the Department under 55 Pa. Code Chapters 6400 and 6500. Services are limited to licensed settings established on or before January 1, 1996 with a licensed capacity of 10 or fewer individuals with mental retardation and to licensed settings established after January 1, 1996 with a licensed capacity of 4 or fewer individuals with mental retardation. ICF/MR settings with a licensed capacity of 10 or fewer residents which become established as a licensed community home through a waiver conversion process shall be eligible for waiver funding as long as the facility is ICF/MR certified for 10 beds or less on or prior to January 1, 1996.

2. Habilitation provided in other community settings approved or licensed by the State, including domiciliary care settings, foster family homes, community rehabilitation residences, and personal care homes. These settings must have a licensed and approved capacity of 10 or fewer individuals receiving care to receive habilitation funding in the residence.
(3) Habilitation provided in home and family settings which are not subject to Department licensing or approval when the provider of habilitation meets established requirements in Appendix B-2.

(4) Habilitation provided in adult training facilities licensed under 55 Pa. Code Chapter 2380 and 6 Pa. Code, Chapter 11. Services consist of supervision, training, and support in general areas of self-care, communication, community participation, and socialization. Areas of emphasis include: therapeutic activities, fine and gross motor development, mobility, personal adjustment, use of community resources, and relationship development.

(5) Prevocational services provided by facilities licensed under 55 Pa. Code Chapter 2390 when the services are not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or section 602 (16)
and (17) of the Education of the Handicapped Act. Services consist of work experience and other developmental work training activities designed to promote movement into a higher level program. Activities include training designed to teach job-related skills, personal and work adjustment training designed to develop appropriate worker traits and teach an understanding of the work environment, and assessments of a beneficiary’s vocational aptitude and potential.

Documentation is maintained in the file of each individual receiving this service to satisfy state assurances that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142 and Individuals with Disabilities Education Act (IDEA).

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

Supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or P.L. 94-142, as amended by IDEA. Documentation will be maintained in the file of each individual receiving these services to satisfy the state assurance that the service is not otherwise available under a program funded under the rehabilitation Act of 1973 or P.L. 94-142 and the Individuals with Disabilities Education Act (IDEA).

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational expenses such as the following:

a. Incentive payments made to an employer of individuals receiving services to encourage or subsidize the employer's participation in a supported employment program;
b. Payments that are passed through to individuals receiving supported employment; or

c. Payments for vocational training that is not directly related to an individual's supported employment program.

(6) Other habilitation services as defined below:

- Support that enables an individual to participate in community projects, associations, groups, and functions, such as support that assists an individual to participate in a volunteer association or a community work project.

- Support that enables an individual to participate on public and private boards, advisory groups, and commissions, such as a friend who assists an individual appointed to a local advisory board.

- Support that enables an individual to locate and maintain a home, such as assistance in financial planning, moving utility hook-ups, managing home responsibilities, arranging for home modifications and repairs, making monthly payments, and purchasing home security devices such as beepers which are necessary to assure individual health and well-being. Financial support that constitutes a room and board expense is excluded from federal financial participation.

- Support that enables the individual to access and use community resources such as instruction in using transportation, translator and communication assistance, and companion services to assist the individual in shopping and other necessary activities of community life.

- Support that assists the individual in developing financial stability and security, such as assistance in arranging for disability related work incentives and plans for achieving self-support; general banking; assistance in beginning a business enterprise; personal and estate planning; balancing accounts; preparing income taxes; and recordkeeping.

- Support that enables the individual to exercise rights as a citizen, such as assistance in exercising civic responsibilities.

- Support that enables the individual to benefit from the participation of friends, relatives and advocates as part of the individual's program planning team. Reimbursement to support program planning team members shall be limited to the cost of the member's travel and subsistence to and from meetings, phone charges, and orientation/training. Travel and subsistence allowances shall be held to ceiling established by the Department for its employees.
- Support, not to exceed $2,000 per individual a year in State and Federal funding participation, that enables the individual or the family with whom the individual resides to maintain their private residence when no household member, landlord, and provider agency staff are able to perform routine home maintenance including: cleaning and laundry, meal preparation, ice/snow/leaf removal, and yard maintenance. All agency owned and leased settings are excluded from participation in this service as a separate activity. Maintenance in the form of upkeep and improvements to the individual's residence is excluded from federal financial participation.

- Support, that enables an individual to pursue a career by taking continuing educational courses, training and apprenticeship beyond high school. This service consists of the cost of the individual's tuition, instruction, books, supplies, and tutoring. Services shall be provided by an accredited college or university, technical or trade school, or by a qualified professional, artisan or tradesperson as part of an apprenticeship/or mentor program.

Services rendered under the waiver are not available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving services, to ensure that the service is not otherwise available under a program funded under the Education of the Handicapped Act, or Section 110 of the Rehabilitation Act of 1973.

- Support that enables an individual to visit with friends and family in the community, such as the support of a personal care worker.

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in situations where the recipient receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the habilitation services. When transportation is provided by an entity distinct from habilitation providers, the transportation can be paid directly to the provider of transportation services or on a subcontract basis by the habilitation provider.

Qualifications for providers of habilitation services are found in Appendix B-2.
(4) **Physical Adaptations (checked as Environmental Accessibility Adaptations on page 3)**

Physical adaptations consist of certain modifications to the home or personal vehicle(s) of the person which are necessary due to the person’s disability. Maximum state and federal funding participation is limited to $20,000 per household, which includes adaptations to any personal vehicles used by the person/family while residing in that household. A new $20,000 limit can be applied when the person moves to a new home. Physical adaptations consist of installation, repair and when necessary to comply with a rental/lease agreements, return of the property to its original condition.

Physical adaptations to a household subject to funding under this waiver are limited to the following items:

- ramps from street, sidewalk or house, including portable vehicle ramps
- handrails and grab-bars in and around the home
- that part of a smoke/fire alarm or detection system adapted for individuals with sensory impairments
- outside railing from street to home
- widened doorways, landings, and hallways
- kitchen counter, major appliance, sink and other cabinet modifications
- bathroom modifications for bathing, showering, toileting and personal care needs
- bedroom modifications of bed, wardrobe, desks, shelving, and dressers
- workroom modifications to desks and other working areas
- stair glider and elevating system
- climate and environmental control modifications prescribed by a physician

Environmental accessibility adaptations to household vehicles are limited to the following:

- vehicular lifts
- interior alteration such as seats, head and leg rests, belts
- customized devices necessary for the individual to be transported safely in the community, including driver control devices

Physical adaptations which cost $10,000 or less, or major physical adaptations costing between $10,001 and $20,000, may be amortized or expensed. A major adaptation shall be used within the county MH/MR program for at least five years. If the major adaptation is not used for 5 years, part of the physical adaptation(s) funded by the Department, proportionately equal to the remaining unused time in the 5 year period, shall be refunded by the County to the Department, which will in turn adjust its claim for Federal Financial Participation by this same amount, unless the adaptation is utilized by another waiver recipient for the remaining unused time.

All adaptations to the household shall be provided in accordance with applicable building codes. All adaptations to vehicles will be provided by qualified individuals. Durable medical equipment is excluded.

**APPROVED: ________________**

**DATE:**
5. **X** **Permanency Planning Services**

Permanency planning services are a set of activities specified in the individual program plan which are designed to assist children who are 18 years of age or younger to live in families that offer continuity of relationships with nurturing parents and caregivers and the opportunity to maintain lifelong relationships.

Permanency planning activities consist of:

- identification of minor children in ICFs/MR, other residential settings, and living with their family who are lacking a permanent family relationship or who are at risk of ICF/MR placement.

- assessment of children and families to determine the conditions, if any, under which family reunification and permanency can occur.

- development of a permanency plan with the birth family, or if this is not possible and in the best interest of the child, with extended family, an adopted family or a host family.

- preparation of families and the child for permanency, including a home study.

- liaison with local agencies, the school system, and the court to arrange adoptions or other permanency arrangements.

- post-adoption or permanency support for up to one year after an adoption or other permanency arrangement is made.

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

The provision of this service is needed to prevent institutionalization of the individual receiving services. Qualifications of providers of this service are included in Appendix B-2. The cost effectiveness of this service is demonstrated in Appendix G.

6. **X** **Therapy and Visiting Nurse Services (Visiting nurse checked as private duty nurse on page 3)**

Therapy services are provided by health care professionals which enable individuals to increase or maintain their ability to perform activities of daily living. Therapy services consist of:

1. Physical therapy provided by a licensed physical therapist based on documentation or a prescription for a specific therapy program by a physician.
2. Occupational therapy by a registered occupational therapist based on documentation or a prescription for a specific therapy program by a physician.

3. 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.

4. Visual/mobility therapy provided by a trained visual or mobility specialist/instructor based on an evaluation and recommendation by a trained mobility specialist/instructor.

5. Behavior therapy provided by a licensed psychologist or psychiatrist based on an evaluation by a licensed psychologist or psychiatrist.

6. Visiting nurse services provided by a registered nurse or a licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regimen.

Providers of therapy services deliver services directly to the individual receiving services and/or supervise others who are assigned to assist in the administration of a particular therapeutic regimen. The provider of specialized services may also be responsible for ensuring that others assigned to provide this assistance receive appropriate supervision, orientation and training.

The need for therapy services will be documented by a written assessment by a qualified professional in the individual's program plan. These assessments are also subject to federal and state financial participation under the waiver.

The County mental health and mental retardation program is responsible to ensure that each provider meets applicable qualifications and that documentation of the provider's qualifications is maintained.

Therapy services do not duplicate services under the State plan due to difference in scope, frequency and duration of services and/or to specific provider experience and training required to accommodate the individual's disability. The following state plan services are excluded from Federal financial participation under the waiver:

a. physician and dental services
b. drugs
c. medical supplies
d. outpatient hospital services
e. clinic and rural health clinic services
f. laboratory and radiological services
g. family planning services
h. EPSDT
i. home health services

This service is necessary to prevent the institutionalization of the individual receiving services. The cost-effectiveness of the service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

7. X  Transportation Services

Transportation Services are offered in order to enable individuals receiving services to gain access to waiver and other community services and resources specified in the individual plan. Transportation services consist of:

1. Purchase or leasing of provider agency vehicles for transporting individuals receiving waiver services. These costs are prorated by the usage for individuals receiving waiver services when vehicles are also used for accessing services and resources for individuals who are not waiver recipients. Purchase and leasing of personal vehicles for individuals and families are excluded.

2. Agency insurance, maintenance, and operational expenses of agency and agency staff vehicles used in the provision of services. These costs are prorated by the usage for individuals receiving waiver services when vehicles are also used for accessing services and resources for individuals who are not waiver recipients.

3. Reimbursement for mileage to providers, family members and other licensed drivers in using their personal vehicles to transport the individual to services specified in the individual's program plan. The reimbursement does not exceed the reimbursement rate established for DPW employees for such purposes. Mileage reimbursement to providers is limited to situations where transportation costs are not included in the provider's rate for services. Whenever possible, family, members, friends and community agencies which can provide this service without charge will be utilized.
4. Reimbursement for use of emergency vehicles such as ambulances, when not covered through another funding source.

By enabling individuals receiving services to gain access to community services, institutionalization can be avoided. Qualifications of the providers of these services are included in Appendix B-2. The cost-effectiveness of these services are demonstrated in Appendix G.
Appendix B-2
PROVIDER QUALIFICATIONS

A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administration Code are referenced by citation. Standards not addressed under uniform State citation are attached.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PROVIDER</th>
<th>LICENSE</th>
<th>CERTIFICATION</th>
<th>OTHER STANDARD*</th>
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</thead>
<tbody>
<tr>
<td>Community Habilitation</td>
<td>Licensed Residential</td>
<td>5 Pa. Codes Chapters 6400, 6500 Other DPW or Dept. of Aging</td>
<td>Non-licensed Service Providers&lt;br&gt;1. 18 yrs. of age&lt;br&gt;2. Completion of necessary&lt;br&gt;in-service training based&lt;br&gt;on individual program plan.&lt;br&gt;3. Agreement to carry out&lt;br&gt;habilitation responsibilities&lt;br&gt;based on the individual’s&lt;br&gt;program plan.&lt;br&gt;4. State clearance for child&lt;br&gt;abuse/criminal history.</td>
<td>- 10 or fewer residents in licensed MR settings established prior to January 1, 1996.&lt;br&gt;- 4 or fewer residents in licensed MR settings established on or after January 1, 1996.&lt;br&gt;- Standard of a contiguous state&lt;br&gt;- Ten or fewer residents in a community home converted from ICF/MR.&lt;br&gt;- Other state licensed or certified home of 10 beds or less</td>
</tr>
<tr>
<td>Community Habilitation</td>
<td>Unlicensed Residential</td>
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<tr>
<td>Community Habilitation</td>
<td>Other Unlicensed</td>
<td>Non-licensed Service Providers&lt;br&gt;1. 18 yrs. of age&lt;br&gt;2. Completion of necessary&lt;br&gt;in-service training based on&lt;br&gt;individual program plan.&lt;br&gt;3. Agreement to carry out&lt;br&gt;habilitation responsibilities&lt;br&gt;based on the individual’s&lt;br&gt;program plan.</td>
<td>- Standard of a contiguous state approved by Regional Office of MR.</td>
<td></td>
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</tbody>
</table>

*All services must conform to the County MH/MR Program Fiscal Manual, 55 Pa. Code Chapter 4300, and conditions of the County Agreement for waiver services with the Department.

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<tr>
<td>Community Habilitation</td>
<td>Adult Day Services</td>
<td>55 Pa. Code Chapter 2380 6 Pa. Code Chapter 11</td>
<td>Non-licensed Service Provider 1. 18 yrs. of age 2. Completion of necessary pre/in-service training based on individual program plan. 3. Agreement to carry out habilitation responsibilities based on the individual's program plan.</td>
<td>- Standard of a contiguous state approved by Regional Office of Mental Retardation (OMR).</td>
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<tr>
<td>Community Habilitation</td>
<td>Prevocational Services</td>
<td>55 Pa. Code Chapter 2390</td>
<td>Non-licensed Service Providers 1. 18 yrs. of age 2. Completion of necessary pre/in-service training based on individual program plan. 3. Agreement to carry out habilitation responsibilities based on the individual's program plan.</td>
<td>- Standard of a contiguous state approved by Regional OMR.</td>
</tr>
<tr>
<td>Community Habilitation</td>
<td>Supported Employment</td>
<td></td>
<td>Non-licensed Service Providers 1. 18 yrs. of age 2. Completion of necessary pre/in-service training based on individual program plan. 3. Agreement to carry out habilitation responsibilities based on the individual's program plan.</td>
<td>- Standard of a contiguous state approved by Regional OMR.</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite Services</td>
<td></td>
<td>Non-licensed Service Providers 1. 18 yrs. of age 2. Completion of necessary pre/in-service training based on individual program plan. 3. Agreement to carry out habilitation responsibilities based on the individual's program plan. 4. State clearance for child abuse/criminal history.</td>
<td>55 Pa. Code Chapter 6350</td>
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</table>

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<tr>
<td>Specialized Therapy</td>
<td>Physical Therapy</td>
<td>Physical Therapist*</td>
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<tr>
<td>Specialized Therapy</td>
<td>Occupational Therapy</td>
<td>Registered Occupational Therapist*</td>
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<tr>
<td>Specialized Therapy</td>
<td>Speech/Language</td>
<td>Speech Therapist*</td>
<td>Audiolist</td>
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<td>Specialized Therapy</td>
<td>Behavior</td>
<td>Psychologist*</td>
<td>Psychiatrist*</td>
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<td>Specialized Therapy</td>
<td>Visiting Nurse</td>
<td>Practical Nurse*</td>
<td>1. Registered Nurse</td>
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</tbody>
</table>

* Standards for these professionals are established by the state Office of Professional Licensing and Certification. Copies of actual requirements are available on request.

** All services must conform to the County MH/MR Fiscal Manual, 55 Pa. Code Chapter 4300 and conditions of the County Grant Agreement for waiver services with the Department.

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</tr>
</thead>
<tbody>
<tr>
<td>Physical Adaptations</td>
<td>Physical Adaptations</td>
<td>When required by Local/State Codes</td>
<td></td>
<td>Applicable local or state building codes will be applied, when applicable, for minor physical adaptations.</td>
</tr>
<tr>
<td>Transportation</td>
<td>All</td>
<td>State drivers license for type of vehicle used in service.</td>
<td></td>
<td>Current inspection and insurance coverage as required by the state Department of Transportation. State vehicle registration.</td>
</tr>
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</table>

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APPROVED: ____________________________

DATE: ____________________________
KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES

a. KEYS AMENDMENT ASSURANCE:

The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

b. APPLICABILITY OF KEYS AMENDMENT STANDARDS

Check one:

___ Home and community-based services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

X A copy of the standards applicable to each type of facility identified above is maintained by the Medicaid agency.

APPROVED: ________________

DATE:
B. ASSURANCE THAT REQUIREMENTS ARE MET

The State assures that the standards of any State licensure of certification requirements are met for services for individuals furnishing services that are provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this appendix, tabbed and labeled with the name of the service(s) to which they apply.

When the qualifications of providers are set forth in State of Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

D. FREEDOM OF CHOICE

State assures that each individual found eligible for the waiver will be given free choice of all qualified providers of each service included in his or her written plan of care.