

AGING WAIVER SERVICE DEFINITIONS

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Personal Assistance Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Personal Assistance Services primarily provide hands-on assistance to participants that are necessary, as specified in the service plan, to enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>This service will be provided to meet the participant’s needs, as determined by an assessment, in accordance with Department requirements and as outlined in the participant’s service plan.</p> <p>Personal Assistance Services are aimed at assisting the individual to complete tasks of daily living that would be performed independently if the individual had no disability. These services include:</p> <ul style="list-style-type: none"> • Care to assist with activities of daily living (e.g., eating, bathing, dressing, personal hygiene), cueing to prompt the participant to perform a task and providing supervision to assist a participant who cannot be safely left alone. • Health maintenance activities provided for the participant, such as bowel and bladder routines, ostomy care, catheter, wound care and range of motion as indicated in the individual’s service plan and permitted under applicable State requirements. • Routine support services, such as meal planning, keeping of medical appointments and other health regimens needed to support the participant. • Assistance and implementation of prescribed therapies. • Overnight Personal Assistance Services to provide intermittent or ongoing awake, overnight assistance to a participant in their home for up to eight hours. Overnight Personal Assistance Services require awake staff. <p>Personal Assistance may include assistance with the following activities when incidental to personal assistance and necessary to complete activities of daily living:</p> <ul style="list-style-type: none"> • Activities that are incidental to the delivery of Personal Assistance to assure the health, welfare 	

and safety of the participant such as changing linens, doing the dishes associated with the preparation of a meal, laundering of towels from bathing may be provided and must not comprise the majority of the service.

- Services to accompany the participant into the community for purposes related to personal care, such as shopping in a grocery store, picking up medications and providing assistance with any of the activities noted above to enable the completion of those tasks.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Personal Assistance Services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant’s file by the Service Coordinator and updated with each reauthorization, as applicable.

Costs incurred by the personal assistance worker while accompanying the participant into the community are not reimbursable under the waiver as Personal Assistance Services. The transportation costs associated with the provision of Personal Assistance outside the participant’s home must be billed separately and may not be included in the scope of Personal Assistance. Personal Assistance workers may provide and bill for Non-Medical Transportation; however, it may not be billed simultaneously with Personal Assistance Services. The Personal Assistance worker providing the non-medical transportation must meet the state’s provider qualifications for transportation services, whether medical transportation under the State plan or non-medical transportation under the waiver.

Activities that are incidental to the delivery of Personal Assistance Services are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision.

Personal Assistance Services cannot be provided simultaneously with Home Health Aide, Respite, Participant-Directed Community Supports or Participant-Directed Goods and Services. An individual cannot provide both Personal Assistance Services and Non-Medical Transportation simultaneously.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Individual Support Service Worker		Home Care Agency	
Specify whether the service may be provided by (check each that	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative

<i>applies):</i>			
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Care Agency	Licensed by the PA Department of Health, per 28 PA Code Part IV, Subpart H, Chapter 611 (Home Care Agencies and Home Care Registries), under Act 69	N/A	<p>Agency:</p> <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, and policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; • Ensure that employees have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs; and • Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a

			<p>competency test as outlined in Section 611.55 under Title 28, Part IV Subpart H of the Health Care Facilities Act;</p> <ul style="list-style-type: none"> • Have the required skills to perform services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
Individual Support Service Worker	N/A	N/A	<p>Support Service workers must:</p> <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Have Worker’s Compensation

			<p>insurance in accordance with State statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Be 18 years of age or older; • Possess basic math, reading, and writing skills; • Possess a valid Social Security number; • Submit to a criminal record check; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); • Have the required skills to perform Personal Assistance Services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; and • Be able to demonstrate the capability to perform health maintenance activities specified in the participant’s service plan or receive necessary training.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Care Agency	OLTL/PA Department of Health	At least every two years and more frequently when deemed necessary by the Department
Individual Support Service Worker	Fiscal Employer Agent/OLTL	At least every two years and more frequently when deemed necessary by the Department.

Service Delivery Method

Service Delivery Method	X	Participant-directed as specified in	X	Provider
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<i>(check each that applies):</i>		Appendix E		managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Community Transition Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Community Transition Services are one-time expenses for individuals that make the transition from an institution to their own home, apartment or family/friend living arrangement. The service must be specified in the service plan as necessary to enable the participant to integrate more fully into the community and to ensure health, welfare and safety of the participant.</p> <p>Community Transition Services may be used to pay the necessary expenses for an individual to establish his or her basic living arrangement and to move into that arrangement. The following are categories of expenses that may be incurred:</p> <ul style="list-style-type: none"> • Equipment, essential furnishings and initial supplies. Examples—e.g. household products, dishes, chairs, tables; • Moving Expenses; • Security deposits or other such one-time payments that are required to obtain or retain a lease on an apartment, home or community living arrangement; • Set-up fees or deposits for utility or service access, Examples – e.g. telephone, electricity, heating; • Items for personal and environmental health and welfare (Examples - personal items for inclement weather, pest eradication, allergen control, one-time cleaning prior to occupancy.) <p>The provision of this service may be facilitated by an Organized Health Care Delivery System as described in Appendix I.3.g.ii.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<ul style="list-style-type: none"> • Community Transition Services are furnished only to the extent that they are reasonable and necessary, as determined through the ISP development process; clearly identified in the service plan and the participant is unable to meet such expense; or when the service cannot be obtained from other resources 	

- Expenditures may not include ongoing payment for rent or mortgage expenses.
- Community Transition Services do not include food, regular utility charges and/or household appliances or items that are intended for purely for diversion/recreational purposes.
- Community Transition Services are limited to the purchase of the specific items to facilitate transition and not the supports or activities provided to obtain the items.
- Community Transition Services are limited to an aggregate of \$4,000 per participant, per lifetime, as pre-authorized by the State Medicaid Agency program office.

This service does not cover those services available under Assistive Technology, Home Adaptations, and Specialized Medical Equipment and Supplies.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Independent Vendor		Transitional Service Provider	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Transitional Service Provider			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Ensure that employees (direct, contracted or in a consulting

			<p>capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and</p> <ul style="list-style-type: none"> • Meet all local and State requirements for the service. All items and services shall be provided according to applicable State and local standards of manufacture, design and installation. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
<p>Independent Vendor</p>			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;

		<ul style="list-style-type: none">• Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;• Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;• Have Commercial General Liability insurance;• Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and• Meet all local and State requirements for the service. All items and services shall be provided according to applicable State and local standards of manufacture, design and installation. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none">• Be at least 18 years of age;• Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52;• Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and
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			<ul style="list-style-type: none"> Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Transitional Service Provider	OHCDS OLTL	OHCDS - Upon Purchase and Annually thereafter OLTL - At least every two (2) years and more frequently when deemed necessary by the Department
Independent Vendor	OHCDS OLTL	OHCDS - Upon Purchase and Annually thereafter OLTL - At least every two (2) years and more frequently when deemed necessary by the Department

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Personal Emergency Response System (PERS)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>PERS is an electronic device which enables waiver participants to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated. The response center is staffed by trained professionals, as specified. The PERS vendor must provide 24 hour staffing, by trained operators of the emergency response center, 365 days a year.</p> <p>PERS services are limited to those individuals who:</p> <ul style="list-style-type: none"> • Live alone. • Are alone for significant parts of the day as determined in consideration of their health status, disability, risk factors, support needs and other circumstances. • Live with an individual that may be limited in their ability to access a telephone quickly when a participant has an emergency. • Would otherwise require extensive in-person routine monitoring and assistance. Installation, repairs, monitoring and maintenance are included in this service. <p>The provision of this service may be facilitated by an Organized Health Care Delivery System as described in Appendix I.3.g.ii</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>This service is not covered in the State Plan. Participants can only receive PERS services when they meet eligibility criteria specified in accordance with Department standards, and the services are not covered under Medicare or other third-party resources.</p> <p>The Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant’s file by the Service</p>	

Coordinator and updated with each reauthorization.

Installation is covered one time per residential site.

Stand-alone smoke detectors will not be billed under PERS.

PERS covers the actual cost of the service and does not include any additional administrative costs.

The frequency and duration of this service is based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Vendors of Personal Emergency Response Systems
				Home Health Agency
				Durable Medical Equipment and Supply Company

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Vendors of Personal Emergency Response Systems			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • All PERS installed shall be certified as

			<p>meeting standards for safety and use, as may be promulgated by any governing body, including any electrical, communications, consumer or other standards, rules or regulations that may apply, including any applicable business license; and</p> <ul style="list-style-type: none"> • Organization must have capacity to provide 24-hour coverage by trained professionals, 365 days/year. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
<p>Home Health Agency</p>	<p>Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities Subpart G. Chapter 601 and Subpart A Chapter 51</p>	<p>Certification as required by 42CFR Part 484</p>	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State

			<p>statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Have Commercial General Liability insurance; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
<p>Durable Medical Equipment and Supply Company</p>			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; and • Meet State regulations under 55 PA

			<p>Code 1123 regarding participation for medical supplies.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Vendors of Personal Emergency Response Systems	OLTL/OHCDS	OHCDS - Upon Installation and Annually thereafter OLTL – At least every two (2) years and more frequently when deemed necessary by the Department
Home Health Agency	OLTL/OHCDS	OHCDS - Upon Installation and Annually thereafter OLTL – At least every two (2) years and more frequently when deemed necessary by the Department
Durable Medical Equipment and Supply Company	OLTL/OHCDS	OHCDS - Upon Installation and Annually thereafter OLTL – At least every two (2) years and more frequently when deemed necessary by the Department

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Service Coordination
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Service Coordination identifies, coordinates and assists participants to gain access to needed waiver services and State Plan services, as well as non-Medicaid funded medical, social, housing, educational and other services and supports. Service Coordination includes the primary functions of providing information to participants and facilitating access, locating, coordinating and monitoring needed services and supports for waiver participants.</p> <p>This service will be provided to meet the participant’s needs as determined by an assessment performed in accordance with Department requirements, and as outlined in the participant’s service plan.</p> <p>In the performance of providing information to participants, the Service Coordinator will:</p> <ul style="list-style-type: none"> • Inform participants about the waiver, required needs assessments, the participant-centered planning process, service alternatives, service delivery options (opportunities for participant-direction), roles, rights, risks and responsibilities. • Inform participants on fair hearing rights and assist with fair hearing requests when needed and upon request. <p>In the performance of facilitating access to needed services and supports, the Service Coordinator will:</p> <ul style="list-style-type: none"> • Collect additional necessary information, including, at a minimum, participant preferences, strengths and goals to inform the development of the participant-centered service plan. • Assist the participant and his/her service planning team in identifying and choosing willing and qualified providers. • Coordinate efforts and prompt the participant to ensure the completion of activities necessary to maintain waiver eligibility. <p>In the performance of the coordinating function, the Service Coordinator will:</p> <ul style="list-style-type: none"> • Coordinate efforts in accordance with Department requirements and prompt the participant to participate in the completion of a needs assessment as required by the State to identify appropriate levels of need and to serve as the foundation for the development of and updates to the service plan. • Use a person-centered planning approach and a team process to develop the participant’s service 	

plan to meet the participant's needs in the least restrictive manner possible. At a minimum, the approach shall:

- Include people chosen by the participant for service plan meetings, review assessments, including discussion of needs, to gain understanding of the participant's preferences, suggestions for services and other activities key to ensure a participant-centered service plan.
- Provide necessary information and support to ensure that the participant directs the process to the maximum extent possible and is enabled to make informed choices and decisions.
- Be timely and occur at times and locations of convenience to the participant.
- Reflect cultural considerations of the participant.
- Include strategies for solving conflict or disagreement within the process.
- Offer choices to the participant regarding the services and supports they receive and the providers who may render them.
- Inform participants of the method to request updates to the service plan.
- Ensure and document the participant's participation in the development of the service plan.
- Develop and update the service plan in accordance with Appendix D, based upon the standardized needs assessment and participant-centered planning process annually, or more frequently as needed.
- Explore coverage of services to address participant identified needs through other sources, including services provided under the State Plan, Medicare and/or private insurance or other community resources. These resources shall be used until the plan limitations have been reached or a determination of non-coverage has been established and prior to any service's inclusion in the service plan, in accordance with Department standards.
- Actively coordinate with other individuals and/or entities essential in the physical and/or behavioral care delivery for the participant, to ensure seamless coordination between physical, behavioral and support services.
- Coordinate with providers and potential providers of services to ensure seamless service access and delivery.
- Coordinate with the participant's family, friends and other community members to cultivate the participant's natural support network, to the extent that the participant (adult) has provided permission for such coordination.

In the performance of the monitoring function, the Service Coordinator will:

- Ensure that services are furnished in accordance with the ISP.
- Ensure that services meet participant needs.
- Monitor the health, welfare and safety of the participant and service plan implementation through regular contacts (monitoring visits with the participant, paid and unpaid caregivers and others) at a minimum frequency as required by the Department.
- Respond to and assess emergency situations and incidents and assure that appropriate actions are taken to protect the health, welfare and safety of the participant in accordance with Appendix G.
- Monitor the effectiveness of back-up plans.
- Review provider documentation of service provision and monitor participant progress on outcomes and initiate service plan team discussions or meetings when services are not achieving

desired outcomes.

- Through the service plan monitoring process, solicit input from participant and/or family, as appropriate, related to satisfaction with services.
- Arrange for modifications in services and service delivery, as necessary, to address the needs of the participant, consistent with an assessment of need and Department requirements, and modify the service plan accordingly.
- Advocate for continuity of services, system flexibility and integration, proper utilization of facilities and resources, accessibility and participant rights.
- Participate in any Department identified activities related to quality oversight.

Service Coordination includes functions necessary to facilitate community transition for participants who received Medicaid-funded institutional services (i.e. Nursing Facilities and Institution for Mental Disease) and who lived in an institution for at least 90 consecutive days prior to their transition to the waiver. Service Coordination activities for participants leaving institutions must be coordinated with, and must not duplicate, institutional discharge planning. This service may be provided up to 180 days in advance of anticipated movement to the community. Providers may not bill for this service until the date of the person's entry into the waiver program.

Service Coordination entities must use an information system as approved and required by the Department to maintain case records in accordance with Department requirements.

Services must be delivered in a manner that supports the participant's communication needs, including, but not limited to, age appropriate communication, translation services for participants that are of limited-English proficiency or who have other communication needs requiring translation, assistance with the provider's understanding and use of communication devices used by the participant.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Coordination is limited to 144 units over a 12-month period. However, in order to meet the varying needs of individuals for service coordination services, this service limitation may be waived when reviewed and approved by OLTL.

The following activities are excluded from Service Coordination as a billable waiver service:

- Outreach or eligibility activities (other than transition services) before participant enrollment in the waiver.
- Travel time incurred by the Service Coordinator may not be billed as a discrete unit of service.
- Services that constitute the administration of another program such as protective services, parole and probation functions, legal services, and public guardianship.
- Representative payee functions.
- Other activities identified by the Department.

Service Coordination must be conflict free and may only be provided by agencies and individuals employed by agencies who are not:

- Related by blood or marriage to the participant or to any paid service provider of the participant
- Financially or legally responsible for the participant.
- Empowered to make financial or health-related decisions on behalf of the participant.
- Sharing any financial or controlling interest in any entity that is paid to provide care for or conduct

other activities on behalf of the participant.

- Individuals employed by agencies paid to render direct or indirect services (as defined by the Department) to the participant, or an employee of an agency that is paid to render direct or indirect services to the participant.

Claims for costs incurred on behalf of participants transitioning from an institutional setting may only be paid after the transition to the community.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Service Coordination Entity

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Service Coordination Entity			Service Coordination Entities must: <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Meet the conflict free requirements pursuant to 55 PA Code, Chapter 52, §52.28; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;

			<ul style="list-style-type: none"> • Have Commercial General Liability insurance; • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; • Comply with and meet all standards as applied through each phase of the standard, annual Department performed monitoring process; • Ensure 24-hour access to Service Coordination personnel (via direct employees or a contract) for response to emergency situations that are related to the Service Coordination service or other waiver services; • Sufficient professional staff to perform the needed assessment/reevaluation, service coordination and support activities; and • Registered nurse (RN) consulting services available, either by a staffing arrangement or through a contracted consulting arrangement. <p>Service Coordinators must meet the following:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Meet the qualification and training requirements pursuant to PA Code, Chapter 52, §52.27; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and
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			<ul style="list-style-type: none"> • Have a valid driver’s license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service. <p>Service Coordination Supervisors must meet the following:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Meet the qualification and training requirements pursuant to PA Code, Chapter 52, §52.27; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver’s license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Service Coordination Entity	OLTL	At least every two (2) years and more frequently when deemed necessary by the Department

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Participant-Directed Community Supports
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Participant-Directed Community Supports will be offered to participants choosing budget authority under the Services My Way model. Participant-Directed Community Supports are specified by the service plan, as necessary, to promote independence and to ensure the health, welfare and safety of the participant. The participant is the common law employer of the individual worker(s) providing services; workers are recruited, selected, hired and managed by the participant.</p> <p>Services include assisting the participant with the following:</p> <ul style="list-style-type: none"> • Basic living skills such as eating, drinking, toileting, personal hygiene, dressing, transferring and other activities of daily living; • Health maintenance activities such as bowel and bladder routines, assistance with medication, ostomy care, catheter care, wound care and range of motion activities; • Improving and maintaining mobility and physical functioning; • Maintaining health and personal safety; • Carrying out household chores such as shopping, laundry, cleaning and seasonal chores; • Preparation of meals and snacks; • Accessing and using transportation (If providing transportation, the support services worker must have a valid driver's license and liability coverage as verified by the F/EA); and • Participating in community experiences and activities. <p>Supports will be available to assist the participant in performing employer-related duties and responsibilities through the Fiscal/Employer Agent (F/EA) and Service Coordinator.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Participant-Directed Community Support services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.</p> <p>Participant-Directed Community Supports may not be provided at the same time as Home Health Aide Services, Respite, Personal Assistance Services and Participant-Directed Goods and Services.</p>	

Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
	Individual Support Services Worker			
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/ Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Individual Support Services Worker			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Be at least 18 years of age; • Possess a valid Social Security number; • Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavior needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; 	

			<ul style="list-style-type: none"> • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • When required by the participant, the individual must be able to demonstrate the capability to perform health maintenance activities or receive necessary training
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	The participant and Fiscal/Employer Agent	<ul style="list-style-type: none"> • At time of selection of the individual worker to be hired; • F/EA will verify provider qualifications are met during the provider employment process and will enter into a provider agreement with each provider on behalf of the State Medicaid agency

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Participant-Directed Goods and Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>This service is only available through the Services My Way (budget authority) participant-directed model.</p> <p>Participant-Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan. These items must address an identified need in the participant’s traditional service plan (including improving and maintaining the individual’s opportunities for full participation in the community) and meet the following requirements. The item or service would meet one or more of the following:</p> <ul style="list-style-type: none"> • Decrease the need for other Medicaid services; • Promote or maintain inclusion in the community; • Promote the independence of the participant; • Increase the individual’s health and safety in the home environment, • Develop or maintain personal, social, physical or work-related skills; • Increase the ability of unpaid family members and friends to receive training and education needed to provide support; or • Fulfill a medical, social or functional need as identified in the participant’s individual service plan. <p>Participant-directed goods and services are purchased from the participant’s Individual Spending Plan.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Participant-directed Goods and Services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant’s file by the</p>	

Service Coordinator and updated with each reauthorization, as applicable.

Participant-Direct Goods and Services does not include personal items and services not related to the disability, groceries, rent or mortgage payments, entertainment activities, or utility payments.

Participant-Directed Goods and Services may not be provided at the same time as Home Health Aide Services, Personal Assistance Services, and Participant-Directed Community Supports.

Participant-directed Goods and Services are limited to instances when the participant does not have personal funds to purchase the item or service and the item or service is not available through another source. Services are limited to participants that are utilizing Budget Authority for participant-directed services.

Experimental or prohibited treatments are excluded.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Individual		Agency	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Individual			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation

			<p>insurance in accordance with State statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Possess a valid Social Security number; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavior needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • When required by the participant, the individual must be able to demonstrate the capability to perform health maintenance activities or receive necessary training.
Agency			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Ensure that employees (direct,

			<p>contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavior needs</p> <ul style="list-style-type: none">• Vendor/Fiscal Employer must enter into a Medicaid Provider Agreement with each provider on behalf of the State Medicaid Agency; and• Providers must meet applicable State and local regulations and/or Medicaid provider qualifications for the type of service the provider/supplier is providing as written in the participant's service plan. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none">• Be at least 18 years of age;• Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52;• Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
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Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Individual	Fiscal/Employer Agent		<ul style="list-style-type: none"> • At time of enrollment and as necessary • The F/EA will verify provider qualifications are met and will enter into a Medicaid provider agreement with each provider on behalf of the State Medicaid Agency 	
Agency	Fiscal/Employer Agent		<ul style="list-style-type: none"> • At time of enrollment and as necessary • The F/EA will verify provider qualifications are met and will enter into a Medicaid provider agreement with each provider on behalf of the State Medicaid Agency 	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Home Health Aide Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Effective October 1, 2016, Home Health Aide Services are a separate and distinct service; they were previously included under the service definition of Home Health Services.</p> <p>Home Health Aide services are direct services prescribed by a physician in addition to any services furnished under the State Plan that are necessary, as specified by the service plan, to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The physician's order must be obtained every sixty (60) days for continuation of service. The home health aide provider is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Nursing services authorized in the service plan.</p> <p>Home Health Aide services are provided by a home health aide who is supervised by a registered nurse. The registered nurse supervisor must reassess the participant's situation in accordance with 55 PA Code Chapter 1249, §1249.54. Home Health Aide activities include, personal care, performing simple measurements and tests to monitor a participant's medical condition, assisting with ambulation, assisting with other medical equipment and assisting with exercises taught by a registered nurse, licensed practical nurse or licensed physical therapist</p> <p>The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Home Health Aide services may only be funded through the waiver when the services are not covered by the State Plan, Medicare or private insurance. This may be because the State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.	

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Home Health Care Aide services cannot be provided simultaneously with Personal Assistance Services, Adult Daily Living Services, or Respite Services.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Home Health Agency

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.	Certification as required by 42CFR Part 484	Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; Have Commercial General Liability insurance; and Ensure that employees have been

			<p>trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> Be at least 18 years of age; Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; Have a child abuse clearance (as per 23 PA C.S. Chapter 63); Be supervised by a registered nurse; Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e).
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification		
Home Health Agency	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed



Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Nursing Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Effective October 1, 2016, Nursing Services are a separate and distinct service; they were previously included under the service definition of Home Health Services.</p> <p>Nursing services are direct services prescribed by a physician, in addition to any services under the State Plan, that are needed by the participant, as specified by the service plan, to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Nursing services must be performed by a Registered Nurse or Licensed Practical Nurse. 49 PA Code Chapter 21 (State Board of Nursing) provides the following service definition for the practice of professional nursing, "Diagnosing and treating human responses to actual or potential health problems through such service as case finding, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The term does not include acts of medical diagnosis or prescription of medical, therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board."</p> <p>Nursing Services must be ordered by a physician and are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in the state. The physician's order must be obtained every sixty (60) days for continuation of service. Nursing services are individual, and can be continuous, intermittent, or short-term based on individual's assessed need.</p> <p>Short-term or Intermittent Nursing — Nursing that is provided on a short-term or intermittent basis, not expected to exceed 75 units of service in a service plan year and are over and above services available to the participant through the State Plan</p>	

Long-term or Continuous Nursing — Long-term or continuous nursing is needed to meet ongoing assessed needs that are likely to require services in excess of 75 units per service plan year, are provided on a regular basis and are over and above services available to the participant through the State Plan

The nurse is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Nursing services authorized in the service plan

The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Nursing services may only be funded through the waiver when the services are not covered by the State Plan, Medicare or private insurance. This may be because the State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Home Health Agency
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Health Agency	Licensed by the PA Department of	Certification as required by	Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider

	<p>Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.</p>	<p>42CFR Part 484</p>	<p>agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63);</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p>
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			and Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e).
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Physical Therapy Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Effective October 1, 2016, Physical Therapy Services are a separate and distinct service; they were previously included under the service definition of Home Health Services.</p> <p>Physical Therapy services are direct services prescribed by a physician, in addition to any services furnished under the State Plan, that assist participants in the acquisition, retention or improvement of skills necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Physical Therapy services must address an assessed need as documented in the participant's service plan. Training caretakers and developing a home program for caretakers to implement the recommendations of the therapist are included in the provision of services. The physician's order to reauthorize the service must be obtained every sixty (60) days for continuation of service. The therapist is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Physical Therapy services authorized in the service plan.</p> <p>Physical Therapy can be provided by a licensed physical therapist or physical therapist assistant as prescribed by a physician, and documented in the service plan. Per the Physical Therapy Practice Act (63 P.S. §1301 et seq.), physical therapy means, "the evaluation and treatment of any person by the utilization of the effective properties of physical measures such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, mobilization, and the use of therapeutic exercises and rehabilitative procedures including training in functional activities, with or without assistive devices, for the purpose of limiting or preventing disability and alleviating or correcting any physical or mental conditions, and the performance of tests and measurements as an aid in diagnosis or evaluation of function."</p>	

The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Physical Therapy services may only be funded through the waiver when the services are not covered by the State Plan, Medicare or private insurance. This may be because the State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Physical Therapist		Home Health Agency	
			Out-Patient or Community-Based Rehabilitation Agency	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.	Certification as required by 42CFR Part 484	Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous

			<p>to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63);</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and</p> <p>Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that</p>
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			meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e).
Out-Patient or Community-Based Rehabilitation Agency	Licensed by the PA Department of Health, per 28 PA Code	Certification as required by 42CFR Part 485	<p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <p>Must hold an appropriate active license</p>

			<p>in the State of Pennsylvania; Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p>
<p>Physical Therapist</p>	<p>Licensed under PA Department of State, per 49 PA Code Chapter 40, including 40.53 pertaining to delegation of duties and use of assistants (Physical Therapy Licensing Board)</p>	<p>Certification as required by 42CFR Part 484</p>	<p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; Be a resident of Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; Have Commercial General Liability insurance in accordance with Department policies; Be at least 18 years of age; Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and Have a child abuse clearance (as per 23</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department
Out-Patient or Community-Based Rehabilitation Agency	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department
Physical Therapist	OLTL/PA Department of State Physical Therapy Licensing Board	At least every two (2) years and more frequently when deemed necessary by the Department

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Occupational Therapy Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Effective October 1, 2016, Occupational Therapy Services are a separate and distinct service; they were previously included under the service definition of Home Health Services.</p> <p>Occupational Therapy services are direct services prescribed by a physician, in addition to any services furnished under the State Plan, that assist participants in the acquisition, retention or improvement of skills necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Occupational Therapy services must address an assessed need documented in the participant's service plan. Training caretakers and developing a home program for caretakers to implement the recommendations of the therapist are included in the provision of services. The physician's order must be obtained every sixty (60) days for continuation of service. The therapist is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Occupational Therapy services authorized in the service plan.</p> <p>Occupational Therapy can be provided by a licensed occupational therapist or occupational therapy assistant in accordance with applicable State standards. The Occupational Therapy Practice Act (63 P.S. §1501 et seq.) defines occupational therapy as follows, "The evaluation of learning and performance skills and the analysis, selection and adaptation of activities for an individual whose abilities to cope with the activities of daily living, to perform tasks normally performed at a given stage of development and to perform essential vocational tasks which are threatened or impaired by that person's developmental deficiencies, aging process, environmental deprivation or physical, psychological, injury or illness, through specific techniques which include: (1) Planning and implementing activity programs to improve sensory and motor functioning at the level of performance for the individual's stage of development. (2) Teaching skills, behaviors and attitudes crucial to the individual's independent, productive and satisfying social functioning. (3) The design,</p>	

fabrication and application of splints, not to include prosthetic or orthotic devices, and the adaptation of equipment necessary to assist patients in adjusting to a potential or actual impairment and instructing in the use of such devices and equipment. (4) Analyzing, selecting and adapting activities to maintain the individual’s optimal performance of tasks to prevent disability.”

The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Occupational Therapy services may only be funded through the waiver when the services are not covered by the State Plan, Medicare or private insurance. This may be because the State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant’s service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s service plan.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Occupational Therapist		Home Health Agency	
			Out-Patient or Community-Based Rehabilitation Agency	

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV,	Certification as required by 42CFR Part 484	Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;

	<p>Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.</p>		<p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63);</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and</p>
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			<p>Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e).</p>
<p>Out-Patient or Community-Based Rehabilitation Agency</p>	<p>Licensed by the PA Department of Health, per 28 PA Code</p>	<p>Certification as required by 42CFR Part 485</p>	<p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Complete Department required training, including training on the</p>

			<p>participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <p>Must hold an appropriate active license in the State of Pennsylvania;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p>
<p>Occupational Therapist</p>	<p>Licensed under the PA Department of State, per 49 PA Code Chapter 42, including 42.22 pertaining to assistants (Occupational Therapy and Education Licensing Board)</p>	<p>Certification as required by 42CFR Part 484</p>	<p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to,</p>

			<p>communication, mobility and behavioral needs;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p>
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department
Out-Patient or Community-Based Rehabilitation Agency	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department
Occupational Therapist	OLTL/PA Department of State Occupational Therapy and Education Licensing Board	At least every two (2) years and more frequently when deemed necessary by the Department

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Speech and Language Therapy Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Effective October 1, 2016, Speech and Language Therapy Services are a separate and distinct service; they were previously included under the service definition of Home Health Services.</p> <p>Speech and Language Therapy services are direct services prescribed by a physician, in addition to any services furnished under the State Plan, that assist participants in the acquisition, retention or improvement of skills necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Speech and Language Therapy Services must address an assessed need as documented in the participant's service plan. Training caretakers and development of a home program for caretakers to implement the recommendations of the therapist are included in the provision of Speech and Language Therapy services. The physician's order to reauthorize the service must be obtained every sixty (60) days for continuation of service. The therapist is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Speech and Language Therapy services authorized in the service plan.</p> <p>Speech and Language Therapy services are provided by a licensed American Speech Language Hearing Associate or certified speech-language pathologist in accordance with applicable State standards including the evaluation, counseling, habilitation and rehabilitation of individuals whose communicative disorders involve the functioning of speech, voice or language, including the prevention, identification, examination, diagnosis and treatment of conditions of the human speech language system. Speech and Language Therapy services also include the examination for, and adapting and use of augmentative and alternative communication strategies.</p> <p>The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and</p>	

outcomes are being met.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Speech and Language Therapy services may only be funded through the waiver when the services are not covered by the State Plan, Medicare or private insurance. This may be because the State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
	Speech Therapist		Home Health Agency	
			Out-Patient or Community-Based Rehabilitation Agency	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.	Certification as required by 42CFR Part 484	Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation

			<p>insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63);</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and</p> <p>Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency</p>
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			evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e).
Out-Patient or Community-Based Rehabilitation Agency	Licensed by the PA Department of Health, per 28 PA Code	Certification as required by 42CFR Part 485	<p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <p>Must hold an appropriate active license in the State of Pennsylvania;</p> <p>Have criminal clearances as per 35 P.S.</p>

			<p>§10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p>
Speech Therapist	Licensed under the PA Department of State, per 49 PA Code Chapter 45 (Language and Hearing Examiner's Board)	Certification as required by 42CFR Part 484	<p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p>

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Home Health Agency	OLTL/PA Department of Health		At least every two (2) years and more frequently when deemed necessary by the Department	
Out-Patient or Community-Based Rehabilitation Agency	OLTL/PA Department of Health		At least every two (2) years and more frequently when deemed necessary by the Department	
Speech Therapist	OLTL/PA Department of State Language and Hearing Examiner's Board		At least every two (2) years and more frequently when deemed necessary by the Department	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Assistive Technology
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Assistive Technology service is an item, piece of equipment or product system — whether acquired commercially, modified or customized — that is needed by the participant, as specified in the participant’s individual service plan (ISP) and determined necessary in accordance with the participant's assessment. The service is intended to ensure the health, welfare and safety of the participant and to increase, maintain or improve a participant's functioning in communication, self-help, self-direction, life-supports or adaptive capabilities.</p> <p>Assistive Technology includes supports to a participant in the selection, acquisition or use of an Assistive Technology device. Training to utilize adaptations, modifications and devices is included in the purchase, as applicable. Independent evaluations conducted by a certified professional, not otherwise covered under the State Plan or other waiver services, may be reimbursed as a part of this service.</p> <p>Assistive Technology is limited to:</p> <ul style="list-style-type: none"> • Services consisting of purchasing, leasing or otherwise providing for the acquisition of Assistive Technology devices for participants • Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing Assistive Technology devices. Repairs are covered when it is more cost effective than purchasing a new device • Electronic systems that enable someone with limited mobility to control various appliances, lights, telephone, doors and security systems in their room, home or other surroundings • Training or technical assistance for the participant, paid caregiver and unpaid caregiver • An independent evaluation of the Assistive Technology needs of a participant. This includes a functional evaluation of the Assistive Technology needs and appropriate services for the participant in his/her customary environment 	

- Extended warranties
- Ancillary supplies, software and equipment necessary for the proper functioning of Assistive Technology devices, such as replacement batteries and materials necessary to adapt low-tech devices. This includes applications for electronic devices that assist participants with a need identified through the evaluation described below

All items shall meet the applicable standards of manufacture, design and installation.

If the participant receives Speech, Occupational or Physical Therapy or Behavior Support services that may relate to, or are impacted by, the use of the Assistive Technology, the Assistive Technology must be consistent with the participant's behavior support plan or Speech, Occupational or Physical Therapy service.

The provision of this service may be facilitated by an OHCDs as described in Appendix I.3.g.ii.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Assistive Technology services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Supports Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the State Plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.

This service excludes those items that are not of direct medical or remedial benefit to the participant. Assistive Technology devices must be recommended by an independent evaluation or physician's prescription. They will only be approved by the OLTL when an independent evaluation specifies that the item is primarily used for a participant's specific therapeutic purpose and serves as a less costly alternative than other suitable devices and alternative methods.

The following are specifically excluded from this service definition

- Recreational items
- Items that do not provide direct remedial benefit or improve the participant's ability to communicate with others

Depending on the type of technology, and in accordance with their scopes of practice and expertise, the independent evaluation may be conducted by an occupational therapist; a speech, hearing or language therapist; physical therapist; or other certified professional meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Independent evaluations conducted by a certified professional as defined in the provider qualifications for this service, not otherwise covered under the State Plan or other waiver services, may be reimbursed as a part of this service.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service..

This service does not include TeleCare services. Data plans are excluded from coverage.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Contractor		Durable Medical Equipment	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Durable Medical Equipment		Drug and Device Registration with the PA Dept of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25.	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs • Meet enrolled provider participation requirements as described in Chapter 1101 Medical Assistance Provider participation requirement

			<ul style="list-style-type: none">• Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies• Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professional must be a graduate of a Department approved Rehabilitative Sciences program that is Certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; or a Rehabilitative Sciences degree with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none">• Be at least 18 years of age• Comply with all Department standards including regulations, policies and procedures related to provider qualifications• Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professional must be a graduate of a Department approved Rehabilitative Sciences program that is Certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; or a Rehabilitative Sciences degree with at least one year in evaluation and assessment of assistive technology needs for
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			<p>individuals with disabilities.</p> <ul style="list-style-type: none"> • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance (as per 23 PA C.S. Chapter 63) • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
Contractor			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania (A company that the provider secures the item(s) from can be located anywhere) • Adhere to all applicable local and State codes • Have Commercial General Liability Insurance • Have Workers Compensation

			Insurance, in accordance with State statute	
			•	
Provider Type:	Entity Responsible for Verification:		Frequency of Verification:	
Durable Medical Equipment	OHCDS or OLTL		OHCDS - Upon purchase OLTL - At least every two (2) years and more frequently when deemed necessary by the Department	
Contractor	OHCDS		Upon purchase	
Service Delivery Method				
Service Delivery Method (<i>check each that applies</i>):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Home Adaptations
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Home Adaptations are physical adaptations to the private residence of the participant, as specified in the participant's individual service plan (ISP) and determined necessary in accordance with the participant's assessment, to ensure the health, welfare and safety of the participant, and enable the participant to function with greater independence in the home. This includes primary egress into and out of the home, facilitating personal hygiene, and the ability to access common shared areas within the home.</p> <p>Home Adaptations consist of installation, repair, maintenance, permits, necessary inspections, extended warranties for the adaptations.</p> <p>Adaptations to a household are limited to the following:</p> <ul style="list-style-type: none"> • Ramps from street, sidewalk or house • Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the health, welfare and safety of the participant • Vertical lifts • Portable or track lift systems. A portable lift system is a standing structure that can be wheeled around. A track lift system involves the installation of a "track" in the ceiling for moving a participant with a disability from one location to another • Handrails and grab-bars in and around the home • Accessible alerting systems for smoke/fire/carbon monoxide for participants with sensory impairments • Outside railing to safely access the home • Widened doorways, landings and hallways • Swing-clear and expandable offset door hinges 	

- Flush entries and leveled thresholds
- Slip resistant flooring
- Kitchen counter, sink and other cabinet modifications (including brackets for appliances)
- Bathroom adaptations for bathing, showering, toileting and personal care needs
- Stair gliders and stair lifts. A stair lift is a chair or platform that travels on a rail, installed to follow the slope and direction of a staircase, which allows a user to ride up and down stairs safely
- Raised electrical switches and sockets
- Other adaptations, subject to OLTL approval, to address specific assessed needs as identified in the service plan

All adaptations to the home shall be provided in accordance with applicable building codes.

Home Adaptations shall meet standards of manufacture, design and installation.

Home Adaptations must be an item of modification that the family would not be expected to provide to a family member without a disability or specialized needs.

The provision of this service may be facilitated by an OHCDs as described in Appendix I.3.g.ii.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Home Adaptations may only be funded through the waiver when the services are not covered by another responsible third-party, such as Medicare or private insurance. Supports Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with OLTL requirements must be maintained in the participant's file by the Service Coordinator and updated with each authorization.

This service does not include, but requires, an independent evaluation. Depending on the type of adaptation, and in accordance with their scopes of practice and expertise, the independent evaluation may be conducted by an occupational therapist; a speech, hearing and language therapist; or physical therapist meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Such assessments may be covered through another waiver service, as appropriate. Home Adaptations included in the service plan and begun while the person was institutionalized are not considered complete and may not be billed until the date the participant leaves the institution and enters the waiver.

Home adaptations must be obtained at the lowest cost.

Building a new room is excluded. Specialized Medical Equipment and Supplies is excluded.

Also excluded are those adaptations or improvements to the home that are of general maintenance and upkeep and are not of direct medical or remedial benefit to the participant this includes items that are not up to code. Adaptations that add to the total square footage of the home are excluded from this benefit, except when necessary for the addition of an accessible bathroom when the cost of adding the bathroom is less than retrofitting an existing

bathroom.

Materials and equipment must be based on the participant’s need as documented in the ISP.

Rented property adaptations must meet the following:

- there is a reasonable expectation that the participant will continue to live in the home;
- written permission is secured from the property owner for the adaptation;
- the landlord will not increase the rent because of the adaptation.
- there is no expectation that waiver funds will be used to return the home to its original state.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service. This service may not be included on the same service plan as Residential Habilitation.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
	Contractor		Contractor	
			Durable Medical Equipment	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Contractor	Contractor’s license for the State of Pennsylvania or a state contiguous to Pennsylvania, if required by trade.		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state

			<p>contiguous to Pennsylvania</p> <ul style="list-style-type: none"> • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs, if applicable. • All Home Adaptations installed shall be certified as meeting standards for safety and use, as may be promulgated by any governing body, including any electrical, communications, consumer or other standards, rules or regulations that may apply • Providers with a waiver service location in states contiguous to Pennsylvania must have a comparable license • Compliance with the Pennsylvania Home Improvement Consumer Protection Act and other applicable standards <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Complete Department required training, including training on
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			<p>the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs, if applicable.</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance (as per 23 PA C.S. Chapter 63) • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
Durable Medical Equipment		Drug and Device Registration with the PA Dept of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25.	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the

			<p>participant; for example, communication, mobility and behavioral needs, if applicable.</p> <ul style="list-style-type: none">• All Home Adaptations installed shall be certified as meeting standards for safety and use, as may be promulgated by any governing body, including any electrical, communications, consumer or other standards, rules or regulations that may apply• Organizations must have capacity to provide 24-hour coverage by trained professionals, 365 days/year <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none">• Be at least 18 years of age• Be a Licensed Contractor• Comply with Department standards, including regulations, policies and procedures relating to provider qualifications• Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15• Have a child abuse clearance (as per 23 PA C.S. Chapter 63)• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
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Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification:	
Contractor	OHCDS or OLTL		OHCDS – At time of service OLTL - At least every two (2) years and more frequently when deemed necessary by the Department	
Durable Medical Equipment	OHCDS or OLTL		OHCDS – At time of service OLTL - At least every two (2) years and more frequently when deemed necessary by the Department	
Service Delivery Method				
Service Delivery Method (<i>check each that applies</i>):	X	Participant-directed as specified in Appendix E	X	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Specialized Medical Equipment and Supplies
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Specialized Medical Equipment and Supplies are services or items that provide direct medical or remedial benefit to the participant and are directly related to a participant’s disability. These services or items are necessary to ensure health, welfare and safety of the participant and enable the participant to function in the home and community with greater independence. This service is intended to enable participants to increase, maintain, or improve their ability to perform activities of daily living. Specialized Medical Equipment and Supplies are specified in the participant’s service plan and determined necessary in accordance with the participant’s assessment.</p> <p>Specialized Medical Equipment and Supplies includes:</p> <ul style="list-style-type: none"> • Devices, controls or appliances, specified in the service plan, that enable participants to increase, maintain or improve their ability to perform activities of daily living • Equipment repair and maintenance, unless covered by the manufacturer warranty • Items that exceed the limits set for Medicaid State plan covered services • Rental Equipment. In certain circumstances, needs for equipment or supplies may be time-limited. The Service Coordinator must initially verify that the rental costs cannot be covered by the State Plan. If the State Plan does not cover the rental for the particular piece of equipment needed, then the cost of the rental can be funded through Specialized Medical Equipment and Supplies <p>Non-Covered Items:</p> <ul style="list-style-type: none"> • All prescription and over-the-counter medications, compounds and solutions (except wipes and barrier cream) • Items covered under third party payer liability • Items that do not provide direct medical or remedial benefit to the participant and/or are not directly related to a participant’s disability 	

- Food, food supplements, food substitutes (including formulas), and thickening agents;
- Eyeglasses, frames, and lenses;
- Dentures
- Hearing Aids
- Any item labeled as experimental that has been denied by Medicare and/or Medicaid
- Recreational or exercise equipment and adaptive devices for such

All items shall meet applicable standards of manufacture, design and installation.

If the participant receives Speech, Occupational, or Physical Therapy or Behavior Support services that may relate to, or are impacted by, the use of the Specialized Medical Equipment and Supplies, the Specialized Medical Equipment and Supplies must be consistent with the participant’s behavior support plan or Speech, Occupational or Physical Therapy service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Specialized Medical Equipment and Supplies may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the State Plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant’s file by the Service Coordinator and updated with each reauthorization, as applicable.

This service does not include, but requires, an independent evaluation and a physician’s prescription. The independent evaluation may be conducted by an occupational therapist; a speech, hearing or language therapist; or physical therapist meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Such assessments may be covered through one of the following services offered through the waiver; Physical Therapy, Occupational Therapy, or Speech Therapy, or the State Plan as appropriate.

Specialized Medical Equipment and Supplies exclude Assistive Technology.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Durable Medical Equipment
				Pharmacy

Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (<i>provide the following information for each type of provider</i>):				
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)	
Durable Medical Equipment		Drug and Device Registration with the PA Department of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs • Meet enrolled provider participation requirements as described in Chapter 1101 Medical Assistance Provider participation requirement • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age 	

			<ul style="list-style-type: none"> • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility, and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance (as per 23 PA C.S. Chapter 63) • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
Pharmacy	Permit to conduct a pharmacy, under 49 PA Code, Part I, Subpart A. Chapter 27	Drug and Device Registration with the PA Department of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant; for example, communication, mobility and

			<p>behavioral needs</p> <ul style="list-style-type: none"> • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance (as per 23 PA C.S. Chapter 63) • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service
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Provider Type:	Entity Responsible for Verification:	Frequency of Verification:
Durable Medical Equipment	OLTL	At least every two (2) years and more frequently when deemed necessary by the Department
Pharmacy	OLTL/PA Department of State	At least every two (2) years and more frequently when deemed necessary by the Department

Service Delivery Method

Service Delivery Method <i>(check each)</i>	X	Participant-directed as specified in Appendix E	X	Provider managed
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that applies):



Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Respite
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Respite services are provided to support individuals on a short-term basis due to the absence or need for relief of unpaid caregivers normally providing care. Federal and state financial participation through the waivers is limited to: 1) Services provided for individuals in their own home, or the home of relative, friend, or other family, or 2) Services provided in a Medicaid certified Nursing Facility. Room and board costs associated with Respite Services that are provided in a facility approved (licensed or accredited) by the state that is not a private residence are reimbursable. Respite Services furnished in a participant's home are provided in quarter hour units. Respite Services may also be provided in a long-term care facility on a per diem basis. Respite Services may be provided by a relative or family member as long as the relative or family member is not a legal guardian, power of attorney, or reside in the home.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Respite Services may only be funded through the waiver when the services are not covered by another responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.</p> <p>Room and board costs are excluded from Respite Services when the service is provided in a setting that is not facility-based and approved by the state.</p> <p>Individuals are authorized for up to 14 consecutive days in an institutional facility. However, this may be increased up to 29 consecutive days, based on need and with the prior approval of the State Medicaid Agency program office.</p> <p>Medication management provided to participants receiving Respite Services in a Medicaid certified</p>	

Nursing Facility is subject to the provisions of Appendix G-3.

In-home Respite Services cannot be provided simultaneously with Home Health Aide Services, Personal Assistance Services, Participant-Directed Community Supports or Participant-Directed Goods and Services.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individual Respite Worker		Home Health Agency
				Home Care Agency
				Medicaid Certified Nursing Facility
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.	Certification as required by 42CFR Part 484	<ul style="list-style-type: none"> Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; Have Commercial General Liability insurance and Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant,

			<p>for example, communication, mobility and behavioral needs.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); • Be supervised by a registered nurse; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e).
<p>Home Care Agency</p>	<p>Licensed by the PA Department of</p>		<p>Agency:</p>

	<p>Health, per 28 PA Code Chapter 611 (Home Care Agencies and Home Care Registries)</p>		<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; • Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and • Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21. <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 611.55 under Title 28, Part IV Subpart H of the Health Care Facilities Act; • Have the required skills to perform services as specified in the participant’s service plan;
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			<ul style="list-style-type: none"> • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
Medicaid Certified Nursing Facility	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities Subpart A Chapter 51, and Subpart B. Chapter 201.	Certification as required by specific profession or discipline, per 42CFR Part 484	
Individual Respite Worker			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Have Worker’s Compensation

			<p>insurance in accordance with State statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Be 18 years of age or older; • Possess basic math, reading, and writing skills; • Possess a valid Social Security number; • Submit to a criminal record check; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); • Have the required skills to perform Personal Assistance Services as specified in the participant's service plan; • Complete any necessary pre/in-service training related to the participant's service plan; • Agree to carry-out outcomes included in the participant's service plan; and • Be able to demonstrate the capability to perform health maintenance activities specified in the participant's service plan or receive necessary training.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agency	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department
Home Care Agency	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department
Medicaid Certified Nursing Facility	PA Department of Health	Annually by the Department of Health

Individual Respite Worker	Fiscal Employer Agent/OLTL		F/EA - At time of hire OLTL - At least every two (2) years and more frequently when deemed necessary by the Department	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Counseling Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Effective October 1, 2016, Counseling Services are a separate and distinct service; they were previously included under the service definition of Therapeutic and Counseling Services.</p> <p>Counseling Services are services that assist individuals to improve functioning and independence, are not covered by the Medicaid State Plan, and are necessary to improve the individual's inclusion in their community. Services are provided by a licensed psychologist, licensed social worker, licensed professional counselor, or a home health agency that employs them. The service may include assessing the individual, developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual's home or in the community as described in the service plan.</p> <p>Counseling services are non-medical counseling services provided to participants in order to resolve individual or social conflicts and family issues. While counseling services may include family members, the therapy must be on behalf of the participant and documented in his/her service plan. Services include initial consultation and ongoing counseling performed by a licensed psychologist, licensed social worker, or licensed professional counselor. If there is a mental health or substance abuse diagnosis, including adjustment disorder, the State Plan, through the Office of Mental Health and Substance Abuse Services, will cover the visit outside of the home and community-based services waiver up to pre-specified limits. Counseling services are utilized only when no diagnosis is present or the service is deemed to not be medically necessary or not making meaningful progress under State Plan standards. Counseling for unpaid caregivers services must be aimed at assisting the unpaid caregiver in understanding and meeting the needs of the participant and be documented in his/her service plan.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Participants must access State Plan services, including Outpatient Psychiatric Clinic Services,	

Outpatient Drug and Alcohol Services before accessing Counseling Services through the waiver.

Counseling Services may only be funded through the waiver when the service is not covered by the Medicaid State Plan or a responsible third party, such as Medicare or private insurance, unless the required expertise and experience specific to the disability is not available through the Medicaid State Plan or private insurance providers. This may be because the Medicaid State Plan, Medicare or insurance limitations have been reached, or the service is not covered under the Medicaid State Plan, Medicare or private insurance, or the provider does not have the expertise or experience specific to the disability.

The Service Coordinator is responsible for verifying and documenting in the participant's file that the Medicaid State Plan and private insurance limitations have been exhausted or that the Medicaid State Plan or private insurance provider does not have the expertise or experience specific to the disability prior to funding services through the waiver. Documentation must be maintained in the individual's file by the Service Coordinator. This documentation must be updated annually.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Licensed Psychologist		Home Health Agency
		Licensed Social Worker		
		Licensed Professional Counselor		

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Licensed Psychologist	Licensed by the State Board of Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41		Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;

			<p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Comply with all Department standards related to provider qualifications.</p>
<p>Licensed Social Worker</p>	<p>Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49</p>		<p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, including regulations, policies and procedures relating to provider qualifications;</p> <p>Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State</p>

			<p>statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p>
Licensed Professional Counselor	Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49		<p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, including regulations, policies and procedures relating to provider qualifications;</p> <p>Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p>

<p>Home Health Agency</p>	<p>Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51</p>	<p>Certification as required by 42CFR Part 484</p>	<p>Agency:</p> <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and</p> <p>Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 611.85 under Title 28, Part IV Subpart H of the Health Care Facilities Act; • Have the required skills to perform services as specified in the
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			<p>participant's service plan;</p> <ul style="list-style-type: none"> • Complete any necessary pre/in-service training related to the participant's service plan; • Agree to carry-out outcomes included in the participant's service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p>
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed Psychologist	OLTL/PA State Board of Psychology Professional Psychologists	At least every two (2) years and more frequently when deemed necessary by the Department
Licensed Social Worker	OLTL/PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors	At least every two (2) years and more frequently when deemed necessary by the Department
Licensed Professional Counselor	OLTL/PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors	At least every two (2) years and more frequently when deemed necessary by the Department
Home Health Agency	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Nutritional Consultation Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Effective October 1, 2016, Nutritional Consultation Services are a separate and distinct service; they were previously included under the service definition of Therapeutic and Counseling Services.</p> <p>Nutritional Consultation services are services that assist individuals to improve functioning and independence, are not covered by the Medicaid State Plan, and are necessary to improve the individual's inclusion in their community. Services are provided by professionals and/or paraprofessionals in nutritional counseling. The service may include assessing the individual, developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual's home or in the community as described in the service plan.</p> <p>Nutritional Consultation assists the participant and/or their paid and unpaid 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. The service may include initial assessment and reassessment, the development of a home treatment/support plan, training and technical assistance to carry out the plan, and monitoring of the participant, caregiver and any providers in the implementation of the plan. Services include counseling performed by a Registered Dietitian or a Certified Nutrition Specialist. Nutritional Consultation services may be delivered in the participant's home or in the community, as specified in the service plan. The purpose of Nutritional Consultation services is to improve the ability of participants, paid and/or unpaid caregivers and providers to carry out nutritional interventions. Nutritional Counseling services are limited to 90-minutes (6 units) of nutritional consultations per month. Home Health Agencies that employ licensed and registered dietitians may provide nutritional counseling.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	

Nutritional Consultation Services may only be funded through the waiver when the service is not covered by another responsible third party, such as Medicare or private insurance. This may be because Medicare or insurance limitations have been reached, or the service is not covered under Medicare or private insurance.

Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the individual's file by the Service Coordinator. This documentation must be updated annually.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Registered Dietitian or Certified Nutrition Specialist		Home Health Agency	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Registered Dietitian or a Certified Nutrition Specialist	Licensed by the PA State Board of Dietitian-Nutritionists, per 49 PA Code Chapter 21, subchapter G		Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; Be a resident of Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; Have Commercial General Liability

			<p>insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Title 49 PA Code Ch. 21 Subchapter G relates to the general provisions, licensure requirements and the responsibilities of the licensed dietician-nutritionist issued under sections 2.1(k) and 11(c) of the Professional Nursing Law (63 P. S. § 212(k) and 221(c).</p>
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51	Certification as required by 42CFR Part 484	<p>Agency:</p> <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and</p> <p>Provide staff training pursuant to 55PA</p>

			<p>Code Chapter 52, Section 52.21.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 611.85 under Title 28, Part IV Subpart H of the Health Care Facilities Act; • Have the required skills to perform services as specified in the participant's service plan; • Complete any necessary pre/in-service training related to the participant's service plan; • Agree to carry-out outcomes included in the participant's service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p>
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Registered Dietitian	OLTL/PA Department of State Board of Dietitian-Nutritionists	At least every two (2) years and more frequently when deemed necessary by the Department

Home Health Agency	OLTL/PA Department of Health		At least every two (2) years and more frequently when deemed necessary by the Department	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Adult Daily Living
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Adult Daily Living services are designed to assist participants in meeting, at a minimum, personal care, social, nutritional and therapeutic needs. Adult Daily Living services are necessary, as specified by the service plan, to enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>This service will be provided to meet the participant’s needs as determined by the assessment performed in accordance with Department requirements and as outlined in the participant’s service plan.</p> <p>Adult Daily Living services are generally furnished for four (4) or more hours per day on a regularly scheduled basis for one or more days per week, or as specified in the service plan, in a non-institutional, community-based center encompassing both health and social services needed to ensure the optimal functioning of the participant.</p> <p>Adult Daily Living includes two components:</p> <ul style="list-style-type: none"> • Basic Adult Daily Living services • Enhanced Adult Daily Living services. <p>Basic Adult Daily Living services are comprehensive services provided to meet the needs noted above in a licensed center. Per Subchapter A, and 11.123 Core Services, the required core services for these settings include personal assistance, nursing in accordance with regulation, social and therapeutic services, nutrition and therapeutic diets and emergency care for participants. Basic Adult Daily Living services can be provided as either a full day or a half day. The individual’s service plan initiates and directs the services they receive while at the center.</p> <p>In addition to providing Basic Adult Daily Living services, Enhanced Adult Daily Living services must include the following additional service elements:</p> <ul style="list-style-type: none"> • Nursing Requirement: The Enhanced Adult Daily Living provider shall directly provide, contract for, or otherwise arrange for nursing services. In addition to the requirements found in the Older 	

Adult Daily Living Center (OADLC) Regulations § 11.123 (2), a Registered Nurse (RN) must be available on-site one (1) hour weekly for each enrolled waiver participant. At a minimum, each waiver participant must be observed every other week by the RN with the appropriate notations recorded in the participant's service plan, with the corresponding follow-ups being made with the participant, family, or physician.

- Staff to Participant Ratio: Staffing of OADLC providing Enhanced services will be at a staff to participant ratio of 1:5.
- Operating Hours: To be eligible for the minimum rate associated with Enhanced Services, the OADLC must be open a minimum of eleven (11) hours daily during the normal work week. A normal work week is defined as Monday through Friday. (If open on a Saturday or Sunday the eleven hour requirement is not in effect for the weekend days of operation.)
- The guidelines for the required specialized services for the OADLC provider to include physical therapy, occupational therapy, speech therapy, and medical services can be found in Subchapter B, § 11.402.
- Enhanced Adult Daily Living services can be provided as either a full day or a half day.
- Adult Daily Living providers that are certified as Enhanced receive the Enhanced full day or Enhanced half day rate for all participants attending the Enhanced center.

As necessary, Adult Daily Living may include assistance in completing activities of daily living and instrumental activities of daily living. This service also includes assistance with medication administration and the performance of health-related tasks to the extent State law permits.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Adult Daily Living services may only be funded through the waiver when the services are not covered by another responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.

Adult Daily Living services with transportation cannot be provided simultaneously with Non-Medical Transportation.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan. Providers may bill for one (1) day when Basic or Enhanced Adult Daily Living services are provided for four (4) or more hours in a day. Providers must

bill for a half day when Basic or Enhanced services are provided for fewer than four (4) hours in a day.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Older Adult Daily Living Center

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Older Adult Daily Living Center	Meet licensing regulations under Title 6 PA Code, Chapter 11, Subchapter A		<ul style="list-style-type: none"> Comply with 55 PA Code 1101 and have a waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; Have Commercial General Liability insurance; and Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs. <p>Individuals working for or contracted with agencies must meet the following standards:</p>

			<ul style="list-style-type: none"> • Be at least 18 years of age; • Have a minimum of 1 year of experience providing care to an individual with a disability or support needs commensurate with the participants served in the waiver or related educational experience; • Have a high school diploma or GED; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code, Chapter 52; • Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Have disability-specific training as required by the Department.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Older Adult Daily Living Center	Department of Aging/OLTL	Aging – Annually OLTL - At least every 2 years and more frequently when deemed necessary by the Department

Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	TeleCare
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>TeleCare integrates social and healthcare services supported by innovative technologies to sustain and promote independence, quality of life and reduce the need for nursing home placement. By utilizing in-home technology, more options are available to assist and support individuals so that they can remain in their own homes and reduce the need for re-hospitalization. TeleCare services are specified by the service plan, as necessary to enable the participant to promote independence and to ensure the health, welfare and safety of the participant and are provided pursuant to consumer choice. TeleCare includes: 1) Health Status Measuring and Monitoring TeleCare Service, 2) Activity and Sensor Monitoring TeleCare Service, and 3) Medication Dispensing and Monitoring TeleCare Services.</p> <ul style="list-style-type: none"> • Health Status Measuring and Monitoring TeleCare Services: <ul style="list-style-type: none"> o uses wireless technology or a phone line, including electronic communication between the participant and healthcare provider focused on collecting health related data, i.e., vital signs information such as pulse/ox and blood pressure that assists the healthcare provider in assessing the participant's condition) and providing education and consultation; o must be ordered by a primary physician, physician assistant, or nurse practitioner; o includes installation, daily rental, daily monitoring and training of the participant, their representative and/or employees who have direct participant contact; o monitoring service activities must be provided by trained and qualified home health staff in accordance with required provider qualifications; and o have a system in place for notification of emergency events to designated individuals or entities. • Activity and Sensor Monitoring TeleCare Service: <ul style="list-style-type: none"> o employs sensor-based technology on a 24 hour/7 day basis by remotely monitoring and passively tracking participants' daily routines and may report on the following: wake up times, 	

overnight bathroom usage, bathroom falls, medication usage, meal preparation and room temperature;

- o includes installation, monthly rental, monthly monitoring, and training of employees who have direct participant contact; and
- o ensures there is a system in place for notification of emergency events to designated individuals.
- Medication Dispensing and Monitoring TeleCare Service:
 - o assists participants by dispensing and monitoring medication compliance; and
 - o utilizes a remote monitoring system personally pre-programmed for each participant to dispense, monitor compliance and provide notification to the provider or family caregiver of missed doses or non-compliance with medication therapy.

All other medical equipment and supplies of value to the participant to maintain safety in the home can be purchased using “Accessibility Adaptations, Equipment, Technology and Medical Supplies”.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is not covered in the State Plan. Participants can only receive TeleCare services when they meet eligibility criteria specified in the state’s published TeleCare Services policy guidance, and the services are not covered under Medicare or other third party resources.

The Service Coordinator is responsible for verifying that third party limitations have been exhausted prior to funding services through the waiver. Documentation that the services are not available under another source of funding must be maintained in the individual’s file and updated annually. The Service Coordinator, through the person-centered planning process, will ensure that the use of this service is in accordance with privacy considerations for the participant and is in accordance with the participant’s preferences for service receipt.

If a participant only requires a medication dispenser unit and no monitoring services, the Medication Dispensing and Monitoring TeleCare Service will not be authorized under TeleCare. Medication dispensers without monitoring should be billed under “Accessibility Adaptations, Equipment, Technology and Medical Supplies”.

Medication Dispensing services cannot be provided at the same time as Home Health Care Aide Services, Nursing or in-home Respite Services.

The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s service plan.

Provider Specifications

Provider Category(s) <i>(check one or</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			<input checked="" type="checkbox"/>	Hospital
			<input checked="" type="checkbox"/>	Durable Medical Equipment and Supply

<i>both):</i>		Company
		Pharmacy
		Home Health Agency

Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Hospital	Licensed through the PA Department of Health, per 28 PA Code Subpart B	Certification as required by specific profession or discipline, per 42CFR Part 482	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards,

			<p>regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52;</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
Durable Medical Equipment and Supply Company			<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p>

			<ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
Pharmacy	Permit to conduct a pharmacy, under 49 PA Code, Part I, Subpart A. Chapter 27	Drug and Device Registration with the PA Department of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted</p>

			<p>with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities Subpart G. Chapter 601 and Subpart A Chapter 51	Certification as required by 42 CFR Part 484	<ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted</p>

			<p>with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); • Be supervised by a registered nurse, as appropriate; and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Hospital	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department
Durable Medical Equipment and Supply Company	OLTL	At least every two (2) years and more frequently when deemed necessary by the Department
Pharmacy	OLTL/PA Department of State	At least every two (2) years and more frequently when deemed necessary by the Department
Home Health Agency	OLTL/PA Department of Health	At least every two (2) years and more frequently when deemed necessary by the Department

Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Non-Medical Transportation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>Non-Medical Transportation services are offered in order to enable participants to gain access to waiver services as specified in the individualized service plan. This service is offered in addition to medical transportation services required under 42 CFR 440.170 (a) (if applicable), and shall not replace them. Non-Medical Transportation services include mileage reimbursement for drivers and others to transport a participant and/or the purchase of tickets or tokens to secure transportation for a participant. Non-Medical Transportation must be billed per one-way trip or billed per item, for example a monthly bus pass. Transportation services must be tied to a specific objective identified on the participant's service plan.</p> <p>The provision of this service may be facilitated by an Organized Health Care Delivery System as described in Appendix I.3.g.ii</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Medical Assistance Transportation Program (MATP) services will be used for obtaining State Plan services. The participant's service plan must document the need for those Non-medical Transportation services that are not covered under the Medical Assistance Transportation Program.</p> <p>Non-medical Transportation services may only be authorized on the service plan after an individualized determination that the method is the most cost-effective manner to provide needed Transportation services to the participant, and that all other non-Medicaid sources of transportation which can provide this service without charge (such as family, neighbors, friends, community agencies) have been exhausted.</p> <p>Non-Medical Transportation does not cover reimbursement to the participant or another individual when driving the participant's vehicle. Non-Medical Transportation does not pay for vehicle purchases, rentals, modifications or repairs.</p>	

Non-Medical Transportation cannot be provided at the same time as Adult Daily Living services with transportation. An individual cannot provide both Personal Assistance Services and Non-Medical Transportation simultaneously.

The Service Coordinator will monitor this service quarterly and will provide ongoing assistance to the participant to identify alternative community-based sources of Transportation.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Individual Driver		Licensed Transportation Agency, Public Transit Authority	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Individual Driver	Valid Pennsylvania driver's license appropriate to the vehicle	Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used to provide the Transportation service.	Drivers must meet the following: <ul style="list-style-type: none"> • 18 years of age; • Must have appropriate insurance coverage (\$100,000/\$300,000 bodily injury); • Have automobile insurance for all automobiles used to provide the Transportation service; • Vehicles must be registered with the PA Department of Transportation; • Receive a physical examination (including a vision test) at the time of hire and at least every 2 years; and • Be willing to provide door-to-door services.
Licensed Transportation	Licensed by the P.U.C and/or be a		Agencies must: <ul style="list-style-type: none"> • Meet PA Vehicle Code (Title 75);

Agency, Public Transit Authority	Public Transit Authority, a Community Transportation Provider or Community Transportation Subcontractor		<ul style="list-style-type: none"> • Have Commercial General Liability insurance; • Have automobile insurance for all automobiles owned, leased and/or hired and used to provide the Transportation service; • Have Workers' Compensation insurance in accordance with State statute; • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, which includes, but is not limited to, communication, mobility and behavioral needs; and • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52. <p>Drivers employed by licensed transportation agencies and public transit authorities must meet the following:</p> <ul style="list-style-type: none"> • be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15; • Have child abuse clearance (as per 23 Pa. C.S. Chapter 63); • Agree to carry out the Transportation outcomes included in the participant's service plan; and • Have a valid driver's license if the operation of a vehicle is necessary to provide Transportation services.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Individual Driver	OHCDs OLTL	OHCDs verifies provider qualifications prior to service	

		approval; annually thereafter OLTL monitors the OHCDS every two years
Licensed Transportation Agency, Public Transit Authority	OLTL OHCDS	OHCDS verifies provider qualifications prior to service approval; annually thereafter OLTL monitors OHCDS every two years

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Home Delivered Meals
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>The Home Delivered Meals service provides meals that meet at least one-third of the Dietary Reference Intakes to people in their private homes. Home Delivered Meals provides meals to waiver participants who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such meals will decrease the need for more costly supports to provide in-home meal preparation. Home Delivered Meals must be specified in the service plan, as necessary, to promote independence and to ensure the health, welfare and safety of the participant. Participants may receive more than one meal per day, but they cannot receive meals that constitute a “full nutritional regimen” (three meals per day).</p> <p>All meals must be consistent with a prescribed menu approved by a dietician and, in accordance with the menu:</p> <ul style="list-style-type: none"> • May consist of hot, cold, frozen, dried, canned, fresh or supplemental foods • Can either be a hot, cold, frozen or shelf-stable meal <p>Meals may be delivered as singles or multiples, as long as the number of planned daily meals does not exceed two meals per day and the participant has appropriate storage and support to ensure that meals last as intended.</p> <p>All menus must be approved and signed by an approved dietitian.</p> <p>The frequency and duration of Home Delivered Meals are based upon the participant’s needs, as identified and documented in the participant’s service plan.</p> <p>The provision of this service may be facilitated by an Organized Health Care Delivery System as described in Appendix I.3.g.ii</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Home Delivered Meals are provided only during those times when neither the participant nor anyone else in the household is able or available to provide them, and where no other relative, caregiver, community/volunteer agency or third-party payer is able to provide, or be responsible for, their provision.	

Meals provided as part of this service shall not constitute a full nutritional regimen (three meals per day).

Transportation for the delivery of meals is included in the service cost and will not be reimbursed separately.

Participants eligible for non-waiver nutritional services, including the Older Americans Act, will access those services first.

This service should supplement and not supplant resources to which the participant may be entitled including the Supplemental Nutritional Assistance Program (SNAP).

This service does not include nutritional assessment, education or counseling, but may be used in conjunction with a nutritional service offered through the waiver when needed for the participant.

Area Agencies on Aging and service providers may not solicit donations for Home Delivered Meals from waiver participants.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Home Delivered Meals Vendors

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Delivered Meals Vendors			<ul style="list-style-type: none"> Safe food handling, preparation and transportation standards conform with Title 7 PA Code Chapter 46, Food Code

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Vendors of Home Delivered meals	OHCDs/OLTL	Annually OHCDs verifies provider qualifications prior to service approval; annually thereafter OLTL monitors OHCDs at least every two (2) years and more frequently when deemed necessary by the Department

Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed