



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Office of Developmental Programs  
Bureau of Autism Services

**ADULT AUTISM WAIVER  
PROVIDER INFORMATION TABLE**

Service Definitions, Rates,  
Procedure Codes & Qualifications

Fiscal Year 2014-2015\*

\* Please note that the only change to this document since 10/25/12 is to notate the current fiscal year. All other information remains the same since the release of the PIT for Fiscal Year 2012-2013.

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Waiver Service	Unit	Rate	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Assistive Technology	Item		24	240	T2028SEU2 (Specialized Supply)	U2: Adult Autism Waiver
			24	241		SE: State & Federal Funding
			24	242	T2029SEU2 (Specialized Medical Equipment)	
			24	243		
			24	245		
			25	250		
			51	544		
			55	250		

**Note:** Assistive Technology may also be provided through a Supports Coordination Agency and a Community Inclusion Agency which is enrolled as an Organized Health Care Delivery System (OHCDs).

**Limitations:** Independent evaluation needed if device costs more than \$500. Maximum benefit of \$10,000 per lifetime.

**Service Definition:** An item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve a participant’s communication, self-help, self-direction, and adaptive capabilities. This service also includes items necessary for life support and durable and non-durable medical equipment not available under the Medicaid state plan. Assistive technology service includes activities that directly support a participant in the selection, acquisition, or use of an assistive technology device, limited to:

- A. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;
- B. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- C. Coordination and use of necessary interventions or services with assistive technology devices, such as interventions or services associated with other services in the ISP;
- D. Training or technical assistance for the participant, or, where appropriate, the participant’s family members, guardian, advocate, authorized representative, or other informal support on how to use and/or care for the Assistive Technology;
- E. Training or technical assistance for professionals or other individuals who provide services to the participant on how to use and/or care for the assistive technology;
- F. Extended warranties; and
- G. Ancillary supplies and equipment necessary to the proper functioning of assistive technology devices, such as replacement batteries.

All items shall meet the applicable standards of manufacture, design, and installation. Items shall be specific to a participant’s individual needs and not be approved to benefit the public at large, staff, significant others, or family members. Items reimbursed with waiver funds shall not duplicate items covered under the Medicaid State Plan. If the participant receives Behavioral Specialist Services, Assistive Technology must be consistent with the participant’s behavioral support plan and crisis intervention plan.

Assistive technology devices costing \$500 or more must be recommended by an independent evaluation of the participant’s assistive technology needs, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant on the customary environment of the participant. This service does not include the independent evaluation. Depending on the type of assistive technology, the evaluation may be conducted by an occupational therapist; a speech, hearing, and language therapist; a behavioral specialist; or another professional as approved in the ISP.

Supports Coordinators may also recommend to BAS generalized assistive technology for the participant based on evaluation of participant request and documentation of need. The organization or professional providing the evaluation shall not be a related party to the Assistive Technology provider.

**Qualifications:** Providers of Waiver services will have a signed Medical Assistance Provider Agreement. Providers that meet the standards for Supports Coordination or Community Inclusion may subcontract with providers of assistive technology as an Organized Health Care Delivery System as specified in Appendix I-3-g-ii. Providers shall meet the applicable standards of manufacture, design, and installation for the items they provide under the waiver. Suppliers of medical equipment and supplies must meet the requirements for Medicaid State Plan medical supplies providers specified in 55 PA Code Chapter 1123. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Behavioral Specialist	Unit (Develop Plan, FBA)	\$1,469.93	1:1	11	420	96150	
	15 min	\$18.37	1:1	11	420	96151HB	Direct Service Age 21-64
						96151HC	Direct Service Age 65+
						96151HT	Consultation

**Note:** Behavioral Support Plan and Crisis Intervention Plans must be complete and in HCSIS before BAS will authorize units for BSS ongoing Direct or Consultation services.

**Service Definition:** This service provides specialized behavioral support for individuals who may demonstrate behavioral challenges because of limited social skills, limited communication skills, or impaired sensory systems. Behavioral Specialist Services provide specialized interventions that assist a participant to increase adaptive behaviors to replace or modify challenging behaviors of a disruptive or destructive nature that prevent or interfere with the participant’s inclusion in home and family life or community life. Supports and interventions focus on positive behavior strategies incorporating a proactive understanding of behavior, rather than aversive or punishment strategies. The service includes both the development of an initial behavioral support plan by the Behavioral Specialist and ongoing behavioral supports.

**1. Initial Plan Development**

The Behavioral Specialist Provider develops the initial plan.

- **Conducts a Functional Behavioral Assessment (FBA)** of behavior and its causes, and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavioral support plan may be designed;
- **Develops an individualized, comprehensive behavioral support plan** – a set of interventions to be used by people coming into contact with the participant to increase and improve the participant’s adaptive behaviors – consistent with the outcomes identified in the participant's ISP;
- **Develops a crisis intervention plan** that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator and other appropriate waiver service providers will be kept informed of the precursors of the participant’s challenging behavior, and the procedures/interventions that are most effective to deescalate the challenging behaviors.

**2. Ongoing Support**

Upon completion of the initial plan, the Behavioral Specialist Provider provides direct and consultative supports.

**2a. Direct supports include:**

- **Training of and consultation with the participant** in the purpose, objectives, methods, and documentation of the behavioral support plan or revisions of the plan
- **Training of and consultation with family members, friends, waiver providers and other support providers** in the purpose, objectives, methods, and documentation of the behavioral support plan or revisions of the plan with the participant present; and
- **Crisis intervention supports provided directly to the participant** in response to a behavioral episode manifesting itself by acute symptoms of sufficient severity such that a prudent layperson, who possesses an average knowledge of behavioral health and medicine, could reasonably expect the absence of immediate intervention to result in placing the participant and/or the persons around them in serious jeopardy including imminent risk of institutionalization or place the participant in imminent risk of incarceration or result in the imminent damage to valuable property by the participant.

*Continued on next page...*

**2b. Consultative supports include:**

- **Training of and consultation with family members, friends, waiver providers and other support providers** in the purpose, objectives, methods, and documentation of the behavioral support plan or revisions of the plan without the participant present. Upon completion of initial plan development, Behavioral Specialist providers must meet with the participant, family members, the Supports Coordinator, and other providers to explain the behavioral support plan and the crisis intervention plan, to ensure all parties understand the plans;
- **Monitoring and analyzing data** collected during the behavioral support plan implementation based on the goals of the behavioral support plan;
- **If necessary, modification of the behavioral support plan**, possibly including a new FBA, based on data analysis of the plan's implementation; and
- **Crisis intervention supports** provided to informal or formal caregivers in response to a behavioral episode manifesting itself by acute symptoms of sufficient severity such that a prudent layperson, who possesses an average knowledge of behavioral health and medicine, could reasonably expect the absence of immediate intervention to result in placing the participant and/or the persons around them in serious jeopardy including imminent risk of institutionalization or place the participant in imminent risk of incarceration or result in the imminent damage to valuable property by the participant.

The Behavioral Specialist Services provider must have a Behavioral Specialist available for crisis intervention support 24-hours a day, 7 days a week. The Behavioral Specialist on call for crisis response and the Supports Coordinator must have access to the person's crisis intervention plan.

The Supports Coordinator is responsible for ensuring that the participant's behavior support plan and crisis intervention plan are consistent with the participant's ISP, and will reconvene the planning team if there are any discrepancies. The Behavioral Specialist provider must notify the Supports Coordinator of any changes to the behavioral support plan or crisis intervention plan, and must update the Supports Coordinator on at least a monthly basis regarding the participant's progress toward the goals for this service.

Behavioral Specialist Services are specific services necessary to address behavioral challenges resulting from ASD. Behavioral Specialist Services do not duplicate mental health services to treat mental illness that Medical Assistance provides through a 1915(b) waiver (Behavioral Health Choices).

**Qualifications:** Agencies Providing Waiver services will have a signed Medical Assistance Provider Agreement. **Behavioral Specialists providing this service must:**

- **Have at least a Master's Degree** in Social Work, Psychology, Education, or a related human services field
- **Complete training in conducting and using a Functional Behavioral Assessment (FBA)** and in positive behavioral support. The training must be provided by either the BAS or by an accredited college or university. If this training was not provided by BAS, BAS must review and approve the course description.
- **Complete required training developed by the BAS** regarding Behavioral Specialist Services for people with ASD.

The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

<b>Waiver Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Staffing</b>	<b>Provider Type</b>	<b>Provider Specialty</b>	<b>Procedure Code</b>
<b>Community Inclusion – Agency Managed</b>	15 min	<b>\$9.00</b>	1:1	51	510	W7201

**Note:** A Community Inclusion Agency may enroll as an Organized Health Care Delivery System (OHCDs) to provide Environmental Modifications and Assistive Technology.

**Limitations:** Total combined hours for Community Inclusion, Day Habilitation, Supported Employment and Transitional Work Services are limited to 50 hours/calendar week. If the participant is receiving Residential Habilitation services (Community Home or Family Living Home), Community Inclusion may only be provided outside of the participant's community home or family living home residence.

**Service Definition:** Community Inclusion is designed to assist participants in acquiring, retaining, and improving communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community. Community Inclusion facilitates the participant's social interaction; use of natural supports and typical community services available to all people; and participation in education and volunteer activities.

This service includes activities to improve the participant's capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). As necessary, Community Inclusion may include personal assistance in completing activities of daily living and instrumental activities of daily living. The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant's capacity to perform these tasks independently. Community Inclusion provides on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision.

Community Inclusion services must be necessary to achieve the expected outcomes identified in the participant's ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met and to modify the ISP as necessary. The review must include an assessment of the participant's progress, identification of needs, and plans to address those needs. If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. The service includes collecting and recording the data necessary to support review of the ISP and the behavioral support plan.

This service may be furnished in a participant's home and at other community locations, such as libraries or stores. If the participant is receiving Residential Habilitation services (Community Home or Family Living Home), Community Inclusion may only be provided outside of the participant's residence.

The cost of transportation provided by staff to and from Community Inclusion activities is included in the rate paid to the program provider. Community Inclusion may not be provided at the same time that quarter hourly-reimbursed Respite, Day Habilitation, Transitional Work Services, or Supported Employment service is provided.

**Qualifications:** Community Inclusion services will be provided through a Community Inclusion agency that has signed a Medical Assistance Provider Agreement. The Community Inclusion staff must be 18 or older, has a high school diploma or equivalent and completed all required training developed by the Bureau of Autism Services for people with autism spectrum disorder. The Community Inclusion Agency must have automobile insurance for all automobiles owned, leased, and/or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

<b>Waiver Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Staffing</b>	<b>Provider Type</b>	<b>Provider Specialty</b>	<b>Procedure Code</b>
<b>Community Transition Services</b>	Item			55	551	T2038

**Limitations:** Maximum benefit of \$4,000 per lifetime. Only a waiver Supports Coordination agencies which enrolls through BAS as an Organized Health Care Delivery Systems (OHCDs) may provide this service. Service may also be provided by a vendor agency or by an independent vendor enrolled as an AAW provider.

**Service Definition:** Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institution to private residence where the person is directly responsible for his or her living expenses. Institutions include ICF/MR, ICF/ORC, nursing facilities, and psychiatric hospitals where the participant has resided for at least 90 consecutive days. Allowable expenses are those necessary to enable an individual to establish his or her basic living arrangement that do not constitute room and board. Community Transition Services are limited to the following:

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

Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process; clearly identified in the service plan, and the person is unable to meet such expense, or when the services cannot be obtained from other sources. Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

**Qualifications:** Community Transition Services can be provided by a Supports Coordination Agency, a vendor agency or by an independent vendor. Supports Coordination agencies that meet the standards for the Supports Coordination Service may subcontract with providers of community transition services as an Organized Health Care Delivery System as specified in Appendix I-3-g-ii.

Agencies providing Waiver Services must have a signed Medical Assistance Provider. All individuals providing services must meet all local and state requirements for that service. All items and services shall be provided according to applicable state and local standards of manufacture, design, and installation.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
<b>Day Habilitation</b>	15 min	<b>\$2.81</b>	>1:6	51	514	W7063
	15 min	<b>\$3.37</b>	<1:6 – 1:3.5			W7064
	15 min	<b>\$5.14</b>	<1:3.5 – >1: 1			W7065
	15 min	<b>\$9.98</b>	1:1			W7066

**Note:** Providers may no longer bill for pick up and drop off of participant. The rate was increased to partially compensate for this change. They may bill for the time the participant is transported to/from activities integral to services provided during the Day Hab service day.

**Limitations:** Total combined hours for Community Inclusion, Day Habilitation, Supported Employment and Transitional Work Services are limited to 50 hours/calendar week.

**Service Definition:** Day Habilitation is provided in adult training facilities licensed under 55 PA Code Chapter 2380. Day Habilitation provides individualized assistance with acquiring, retaining, and improving communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community. This service includes activities to improve the participant’s capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Day Habilitation provides on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision.

Day Habilitation can include personal assistance in completing activities of daily living and instrumental activities of daily living. The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant’s capacity to perform these tasks independently. This service includes assistance with medication administration and the performance of health-related tasks to the extent state law permits. This service also includes transportation to and from the facility and during day habilitation activities necessary for the individual’s participation in those activities. These transportation costs are assumed in the rate for this service. Day Habilitation services must be necessary to achieve the expected outcomes identified in the participant’s ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met and to modify the ISP as necessary. The review must include an assessment of the participant’s progress, identification of needs, and plans to address those needs. If the participant receives

Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. The service includes collecting and recording the data necessary to support review of the ISP and the behavioral support plan.

Day Habilitation is normally furnished for up to 6 hours a day, five days per week on a regularly scheduled basis. Day Habilitation does not include services that are funded under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education and Improvement Act. The Supports Coordinator must review the need for this service quarterly. Day Habilitation may not be provided to a participant during the same hours that Supported Employment, Transitional Work Services, quarter hourly-reimbursed Respite, or Community Inclusion is provided.

Total combined hours for Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services are limited to 50 hours in a calendar week. Participants living in the community should be able to have their needs met within the 50 hour limitation on the combination of Community Inclusion, Day Habilitation, Supported Employment, and Transitional Work Services. A participant whose needs exceed 50 hours a week will be evaluated by BAS to determine if the participant’s health and welfare cannot be assured within the 50 hour limitation. If the participant’s health and welfare cannot be assured, the Supports Coordinator will explore the following to ensure health and welfare:

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

**Qualifications:** Adult Training Facilities that have signed a Medical Assistance Provider Agreement will provide Day Habilitation. The Adult Training Facilities must hold a Title 55 PA Code Chapter 2380 License. The Day Habilitation staff must be 18 or older, has a high school diploma or equivalent and completed all required training developed by the Bureau of Autism Services for people with autism spectrum disorder. The Adult Training Facility must have automobile insurance for all automobiles owned, leased, and or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Environmental Modifications	Item			55	543	W7067

**Note:** Environmental Modifications may also be provided through a Supports Coordination Agency and Community Inclusion Agency which is enrolled as an Organized Health Care Delivery System (OHCDs).

**Limitations:** Independent evaluation needed if cost is above \$1,000. Maximum benefit of \$20,000 per lifetime.

**Service Definition:** These are physical adaptations to the participant’s home outlined in the participant’s ISP which are necessary to ensure the health and welfare of the participant and/or to enable the participant to function with greater independence in the home. If the participant receives Behavioral Specialist Services, modifications must be consistent with the participant’s behavioral support plan and crisis intervention plan. Adaptations are limited to:

- A. Alarms and motion detectors on doors, windows, and/or fences;
- B. Brackets for appliances;
- C. Locks;
- D. Modifications, including vehicle modifications, needed to accommodate an individual’s special sensitivity to sound, light or other environmental conditions,
- E. Outdoor gates and fences;
- F. Plexiglas windows;
- G. Raised electrical switches and sockets; and
- H. Home or vehicle adaptations for participants with physical disabilities, such as ramps, grab-bars, widening of doorways, or modification of bathroom facilities.

Environmental Modifications may not be provided in homes or vehicles owned by a provider. Environmental Modifications costing over \$1,000 must be recommended by an independent evaluation of the participant’s needs, including a functional evaluation of the impact of the modification on the participant’s environment. This service does not include the independent evaluation. Depending on the type of modification, the evaluation may be conducted by an occupational therapist; a speech, hearing, and language therapist; a behavioral specialist; or another professional as approved in the ISP. The organization or professional providing the evaluation shall not be a related party to the Environmental Modifications provider.

**Qualifications:** Agencies providing Waiver services will have a signed Medical Assistance Provider Agreement. Agencies that meet the standards for Supports Coordination or Community Inclusion may subcontract with providers of environmental modifications as an Organized Health Care Delivery System as specified in Appendix I-3-g-ii.

Individuals providing this service shall meet all applicable state and local licensure requirements. All modifications shall meet applicable standards of manufacture, design, and installation.

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

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code	Modifier Description
Family Counseling	15 min	\$19.04	1:1	19	425 Autism Certified Psychologist	90846SE (Without Participant Present) 90847SE (With Participant Present)	(SE: State & Federal Funding)
				11	421 Autism Social Worker	H0046SE for all PT11	
				11	422 Autism Marriage & Family Therapist		
				11	423 Autism Professional Counselor		
				11	424 Autism Counseling Agency		

**Limitations:** Maximum of 20 hours per 365-day year as of the date of the ISP authorization.

**Service Definition:** This service provides caregiver counseling for the participant’s family and informal network to develop and maintain healthy, stable relationships among all caregivers, including family members, in order to support the participant. Emphasis is placed on the acquisition of coping skills by building upon family strengths. Counseling services are intended to increase the likelihood that the participant will remain in or return to the family’s home. The waiver may not pay for services for which a third party, such as the family members’ health insurance, is liable. Family Counseling services do not duplicate mental health services to treat mental illness that Medical Assistance provides through a 1915(b) waiver (Behavioral Health Choices).

Family Counseling must be necessary to achieve the expected outcomes identified in the participant’s ISP. The Family Counseling provider must update the Supports Coordinator on at least a quarterly basis regarding progress toward the goals for the Family Counseling service. If the participant receives Behavioral Specialist Services, the Family Counseling provider must provide this service in a manner consistent with the participant’s behavioral support plan and crisis intervention plan.

The amount of this service is limited to 20 hours in a year, with the year starting on the ISP authorization date. This limitation generally would not impact participant’s health and welfare. In the event that family counseling services would be needed beyond the above limits in order to assure health and welfare, based on the family’s request or provider assessment that additional services would be needed, the Supports Coordinator will convene an ISP meeting of the participant, and other team members to explore alternative resources to assure the participant’s health and welfare through other supports and services as outlined in Appendix D Provider Specifications.

**Qualifications:** Only a counseling agency can provide Family Counseling services through this waiver. The provider licensure qualifications required are as follows:

- Psychologist-Title 49 PA Code Chapter 41
- Social Worker-Title 49 PA Code Chapter 47
- Marriage and Family Therapist-Title 49 PA Code Chapter 48
- Professional Counselor-Title 49 PA Code Chapter 49

Also, the provider must complete required training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorder.

The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

<b>Waiver Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Staffing</b>	<b>Provider Type</b>	<b>Provider Specialty</b>	<b>Procedure Code</b>
<b>Family Training</b>	15 min	<b>\$10.61</b>	1:1	51	535	W7062

**Limitations:** Maximum of 20 hours per 365-day year as of the date of the ISP authorization.

**Service Definition:** Family Training is a service available to develop expertise in the participant’s family and informal care network so that caregivers can help the participant acquire, retain, or improve skills that directly improve the individual’s ability to live independently. Training is limited to the following areas of expertise: communication skills, stress reduction, self-direction, daily living skills, socialization, and environmental adaptation. This service does not include training in the use of assistive technology devices, which is included in the Assistive Technology service. This service also does not include the training necessary for family members to carry out the behavioral support plan or crisis intervention plan, which is included in Behavioral Specialist Services.

Family Training must be necessary to achieve the expected outcomes identified in the participant’s ISP. The Family Training provider must update the Supports Coordinator on at least a quarterly basis regarding progress toward the goals for the Family Training service. The Supports Coordinator ensures Family Training does not duplicate training to the family that is provided under Behavioral Specialist Services. If the participant receives Behavioral Specialist Services, the Family Training provider must provide this service in a manner consistent with the participant’s behavioral support plan and crisis intervention plan.

**Qualifications:** Either a family training agency or a family training provider who have signed a Medical Assistance Provider Agreement can provide Family Training Services. Individuals furnishing this service must have at least three years experience working directly with people with autism spectrum disorder and have at least a Bachelor’s degree in Education, Psychology, Social Work, or another related social science and have completed required training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorders. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

<b>Waiver Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Staffing</b>	<b>Provider Type</b>	<b>Provider Specialty</b>	<b>Procedure Code</b>
<b>Job Assessment</b>	Unit	<b>\$657.09</b>	1:1	53	531	W7071
<b>Job Finding</b>	Unit	<b>\$1,226.58</b>	1:1	53	530	W7077

**Limitations:** Job Assessment should not exceed 1 unit per ISP plan year. The assessment report must be shared with the Supports Coordinator. The Supports Coordinator will input the assessment report into HCSIS.

A valid Job Assessment, either through the Job Assessment service, OVR or another program, must be completed and available before Job Finding can be provided. The Job Finding service is not considered complete and therefore cannot be billed until the participant has been in the job for 30 calendar days.

The Job Finding provider may bill for a volunteer job in which the participant remains for 30 days. Only Community Inclusion may support a participant in a volunteer job. Supported Employment may support a paid job only.

**Service Definition:** Job Assessment and Finding provides support necessary to obtain paid or volunteer work in the community by participants receiving waiver services, including job assessment and job development. Other services provide ongoing support to continue paid or volunteer work once it is obtained (Supported Employment for paid work and Community Inclusion for volunteer work). Job Assessment and Finding may be provided concurrent with Supported Employment or Community Inclusion if the participant wants to obtain a better job while continuing paid or unpaid work. **Job Assessment and Finding has two components:**

**Job Assessment:** The provider identifies suitable employment based on a situational vocational assessment that includes:

- Conducting a review of the participant’s work history, interests, and skills that results in recommendations for employment and, if necessary, training;
- Identifying jobs in the community that match the participant’s interests, abilities, and skills; and
- Situational assessments (job tryouts) to assess the participant’s interest and aptitude in a particular type of job

**Job Finding:** Assistance in identifying and securing a job that fits the participant’s preferences and employer’s needs, based on data obtained during the situational assessments. A successful outcome is defined as a permanent job placement where the participant has worked for at least 30 calendar days.

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

Documentation is maintained in the file of each individual receiving this service to satisfy state assurances that the service does not include services which are otherwise available to the participant under the Rehabilitation Act of 1973, as amended, or Individuals with Disabilities Education and Improvement Act (IDEA).

**Qualifications:** A Job Finding Agency who has signed a Medical Assistance Provider Agreement and can provide services for Job Assessment and Finding.

Individuals furnishing this service must have at least a Bachelor’s degree in Education, Psychology, Social Work, or other related social sciences and also completed required training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorders, including training in providing a situational vocational assessment.

Job Finding Agencies must have automobile insurance for all automobiles owned, leased, and/or hired used as a component of this service.

The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

<b>Waiver Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Staffing</b>	<b>Provider Type</b>	<b>Provider Specialty</b>	<b>Procedure Code</b>	<b>Modifier Description</b>
<b>Nutritional Consultation</b>	15 min	<b>\$15.95</b>	1:1	23	230	S9470SE	SE: State & Fed. Funding

**Limitations:** Telephone consultation is allowable a) if the driving distance between the provider and the participant is greater than 30 miles; b) if telephone consultation is provided according to a plan for nutritional consultation services based on an in-person assessment of the participant’s nutritional needs; and c) if telephone consultation is indicated in the participant’s ISP.

**Service Definition:** Nutritional Consultation provides assistance to participants with an identified food allergy, food sensitivity, or a serious nutritional deficiency, which can include inadequate food and overeating.

Nutritional Consultation assists the participant and/or their families and caregivers in developing a diet and planning meals that meet the participant’s nutritional needs while avoiding any problem foods that have been identified by a physician.

Telephone consultation is allowable a) if the driving distance between the provider and the participant is greater than 30 miles; b) if telephone consultation is provided according to a plan for nutritional consultation services based on an in-person assessment of the participant’s nutritional needs; and c) if telephone consultation is indicated in the participant’s ISP.

If the participant receives Behavioral Specialist Services, the services delivered must be consistent with the participant’s behavioral support plan and crisis intervention plan.

This service does not include the purchase of food.

**Qualifications:** Either a Dietician-Nutritionist or a Dietician-Nutritionist agency that has signed a Medical Assistance Provider Agreement can provide nutritional consultations. A Dietician-Nutritionist must carry a Title 49 PA Code Chapter 21, subpart G license and also complete required training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorders. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
<b>Residential Habilitation – Community Home</b>	Day	<b>\$137.89</b>	Light	52	521	W7228
	Day	<b>\$165.21</b>	Limited			W7229
	Day	<b>\$219.83</b>	Extensive			W7230
	Day	<b>\$439.66</b>	Intensive			W7231
	Day	<b>\$519.60</b>	Intensive+			W7232
<b>Residential Habilitation – Community Home Ineligible (State funded only Room &amp; Board)</b>	Day	<b>\$32.04</b>	All staffing levels.	52	521	W7233
<b>Residential Habilitation – Family Living Home</b>	Day	<b>\$101.23</b>	Low	52	522	W7052
	Day	<b>\$134.24</b>	High			W7053
<b>Residential Habilitation – Family Living Home Ineligible (State Funded only Room &amp; Board)</b>	Day	<b>\$2.70</b>	All staffing levels.	52	522	W7234

**Note:** Residential Habilitation levels are based on the participant’s needs assessed through the SIB-R, and BSS Behavioral Support Plan identified support needs. It is the responsibility of the provider to set appropriate staffing levels to meet the participant’s needs. The staffing levels are also reviewed by BAS. Rate changes have been made for State funded Room and Board.

**Limitations:** If the participant is receiving Residential Habilitation services (Community Home or Family Living Home), Community Inclusion may only be provided outside of the participant's residence.

**Service Definition:** Residential habilitation assists individuals in acquiring, retaining, and improving the communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community. This service also includes any necessary assistance in performing activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). The intent of this service, however, is to reduce the need for direct personal assistance by improving the participant’s capacity to perform these tasks independently. This service includes transportation to community activities not included in the Medicaid State Plan or other services in this waiver. Transportation costs are built into the rate for this service. Residential Habilitation does not include payment for room or board.

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

Residential Habilitation is provided in a licensed facility not owned by the participant or a family member. Residential Habilitation is provided in two types of licensed facilities:

- Community Homes (Group Settings) licensed under Title 55 Pennsylvania Code Chapter 6400; and
- Family Living Homes licensed under Title 55 Pennsylvania Code Chapter 6500.

If the participant receives Behavioral Specialist Services, this service includes implementation of the behavioral support plan and, if necessary, the crisis intervention plan. Residential Habilitation includes collecting and recording the data necessary to support review of the ISP and the behavioral support plan.

**Qualifications:** Either Family Living Provider or a Residential Provider (Community Home) that has signed a Medical Assistance Provider Agreement will provide Residential Habilitation Services. The Family Living Provider must hold a Title 55 PA Code Chapter 6500 License and the Residential Provider (Community Home) must hold a Title 55 Pa Code Chapter 6400 License.

All Residential Habilitation staff must be 18 or older, have a high school diploma or equivalent, completed all required training developed by the Bureau of Autism Services for people with autism spectrum disorder, and meet all requirements for the licensure of the facility. The Residential Habilitation facilities must have automobile insurance for all automobiles owned, leased, and or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

Waiver Service	Unit	Rate	Provider Type	Provider Specialty	Procedure Code
Respite – Agency Managed In-Home	15 min	\$6.12	51	512	W7213
Respite – Agency Managed Out-of-Home	Day	\$216.80	51	513	W7211
	15 min	\$5.42			W7212
Respite – Agency Managed Out-of-Home Unlicensed	Day	\$166.42			W9495
	15 min	\$4.16			W9596

**Note:** Unlicensed settings do not include Room & Board costs and are billed using a separate procedure code.

**Limitations:** Expenditure for Respite is limited to 30 times the day rate per year, with the year starting on the ISP plan effective date. This limit provides up to 30 days or 290 hours of Respite per year. The participant may receive both 15 minute and daily respite during the year as long as the total combined amount of respite does not exceed the amount approved on the participant’s ISP. Out of Home 15 min unit respite cannot exceed 40 units per day. (More than 40 units in a single calendar day should be provided as Out of Home Respite – Day). Participants receiving Residential Habilitation may not also receive Respite.

**Service Definition:** Respite provides planned or emergency short-term relief to a participant’s unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. Respite may be provided either in or out of the participant’s home. Respite services facilitate the participant’s social interaction, use of natural supports and typical community services available to all people, and participation in volunteer activities.

This service includes activities to improve the participant’s capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Respite includes on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision. To the degree possible, the respite provider must maintain the participant’s schedule of activities.

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

Respite services are not available to people who receive Residential Habilitation. Respite services may not be provided at the same time that Community Inclusion, Day Habilitation, Supported Employment, or Transitional Work Services is provided. This service does not include room and board when delivered in the participant’s home. Federal financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite is provided as follows:

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

**Qualifications:** Three types of facilities can provide Respite services: Family Living Home, Community Home, and a Respite Provider Agency. All of which must have a signed Medical Assistance Provider Agreement and have the required license (if applicable):

- Family Living Home: Title 55 PA Code Chapter 6500
- Community Home: Title 55 PA Code Chapter 6400

For all provider types the staff must be at least 18 years or older, have a high school diploma or equivalent, and must complete all required trainings developed by the Bureau of Autism Services regarding people with autism spectrum disorders. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
Supported Employment	15 min	\$10.95	1:1	53	531	W7200

**Note:** Supported Employment typically would not exceed 32 units/8 hours per day. Exceptions for participants who work shift work or longer than 8 hour shifts must be documented in the ISP.

**Limitations:** Only Community Inclusion may support a participant in a volunteer job. Supported Employment may support a paid job only. Total combined hours for Community Inclusion, Day Habilitation, Supported Employment and Transitional Work Services are limited to 50 hours/calendar week.

**Service Definition:** Supported Employment provides ongoing assistance in developing the communication, socialization, self-direction, self-help, and adaptive skills necessary to maintain employment in a community setting. This service provides ongoing assistance in maintaining employment. The Job Finding service is available to help participants identify and obtain a position of employment. Supported Employment services are provided for persons who, because of their disability, need intensive ongoing support to perform in a work setting. The intent of this service is to reduce the need for assistance by improving the participant’s capacity to work independently.

Payment will be made only for the support and training of the participants receiving waiver services as a result of their disabilities. Payment will not be made for supervisory activities rendered as a normal part of the business setting nor will payment be made for adaptations employers would be expected to provide for other employees not receiving supported employment. The cost of transportation provided by staff to and from job sites is included in the rate paid to the program provider.

Supported Employment must be necessary to achieve the expected outcomes identified in the participant’s ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met and to modify the ISP as necessary. The review must include an assessment of the participant’s progress, identification of needs, and plans to address those needs. It is the participant and supported employment services provider’s responsibility to notify the Supports Coordinator of any changes in the employment activities.

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

Documentation is maintained in the file of each individual receiving this service to satisfy state assurances that the service does not include services which are otherwise available to the participant under the Rehabilitation Act of 1973, as amended, or Individuals with Disabilities Education and Improvement Act (IDEA). Supported Employment may not be provided at the same time that quarter hourly-reimbursed Respite, Day Habilitation, Community Inclusion, or Transitional Work Services is provided.

**Qualifications:** Supported Employment Agencies are the only agencies able to provide Supported Employment services as long as they have signed a Medical Assistance Provider Agreement.

The staff must be at least 18 years or older, have a high school diploma or equivalent, and must complete all required trainings developed by the Bureau of Autism Services regarding people with autism spectrum disorders and have completed required vocational training developed by the Bureau of Autism Services.

The Supported Employment Agency must have automobile insurance for all automobiles owned, leased, and /or hired used as a component of this service.

The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

Waiver Service	Unit	Rate	Staffing	Provider Type	Provider Specialty	Procedure Code
<b>Supports Coordination – Initial Plan Development</b>	1 Unit (Develop Plan, ISP)	<b>\$818.59</b>	1:1	21	214	W7199
<b>Supports Coordination – Ongoing</b>	15 min	<b>\$17.05</b>	1:1	21	214	T2024

**Note:** The caseload for a Supports Coordinator is 35 waiver participants, including participants in other Pennsylvania HCBS waivers, unless the requirement is waived by BAS in order to ensure a sufficient supply of Supports Coordinators in the waiver. If a participant refuses Supports Coordination services, BAS staff will perform the Supports Coordination tasks described in this waiver to assure health and welfare of the participant.

**Limitations:** Support Coordination may not duplicate payments made to public agencies or private entities under the Medicaid State plan or other program authorities. A participant’s Supports Coordination Agency may not provide any other waiver services for that individual, with the exception of Community Transition Services, Assistive Technology, and Environmental Modification when the Supports Coordination Agencies is enrolled as an Organized Health Care Delivery System (OHCDs). . A participant’s Supports Coordination Agency may not have a fiduciary relationship with providers of the participant’s other waiver services, except for Community Transition Services, Assistive Technology, and Environmental Modifications. Supports Coordination services to facilitate transition from an institution to the community are limited to services provided within 180 days of the person leaving the facility.

**Service Definition:** Supports Coordination involves the location, coordination, and monitoring of needed services and supports. The Supports Coordinator assists participants in obtaining and coordinating needed waiver and other State plan services, as well as housing, medical, social, vocational, and other community services, regardless of funding source. The service includes both the development of an ISP and ongoing supports coordination.

**1) Initial Plan Development**

The Supports Coordinator develops the initial plan.

**a) Conducts assessments to inform service planning,** including i) the Scales of Independent Behavior-Revised (SIB-R) to assess each individual’s strengths and needs regarding independent living skills and adaptive behavior; ii) for participants living with family members, the Parental Stress Scale to evaluate the total stress a family caregiver feels based on the combination of the participants’ and caregivers’ characteristics; and iii) assessment information on the ISP form regarding the person’s desired goals and health status. The Supports Coordinator completes the SIB-R and receives the Parental Stress Scale in advance of the initial ISP meeting. The assessment information on the ISP form is completed during the ISP team meeting described in Appendix D-1-d.

**b) Develops an initial ISP using a person centered planning approach** to help the planning team develop a comprehensive ISP to meet the participant’s identified needs in the least restrictive manner possible. The planning team includes the Supports Coordinator, the participant, and other individuals the participant chooses. The Supports Coordinator also ensures participant choice of providers by providing information to ensure participants make fully informed decisions.

Initial Plan Development includes Supports Coordination to facilitate community transition for individuals who received Medicaid-funded institutional services (i.e., ICF/MR, ICF/ORC, nursing facility, and people in an Institution for Mental Disease) and who lived in an institution for at least 90 consecutive days prior to their transition to the waiver. Supports Coordination activities for people leaving institutions must be coordinated with and must not duplicate institutional discharge planning.

**2) Ongoing Supports Coordination**

Upon completion of the initial plan, the Supports Coordinator is responsible for the following tasks.

**a) Provides ongoing monitoring of the services included in the participant’s ISP** as described in Appendix D-2-a of the waiver.

*Continued on next page...*

\* The Supports Coordinator must meet the participant in person no less than quarterly to ensure the participant's health and welfare, to review the participant's progress, to ensure that the ISP is being implemented as written, and to assess whether the team needs to revise the ISP.

\* Within each year, at least one visit must occur in the participant's home. At least one visit must occur in a location outside the home where the participant receives services, if services are furnished outside the home.

\* In addition, the Supports Coordinator must contact the participant, his or her guardian, or a representative designated by the participant in the ISP at least monthly, or more frequently as necessary to ensure the participant's health and welfare. These contacts may also be made in person.

\* If the participant receives Behavioral Specialist Services, the Supports Coordinator ensures the participant's Behavioral Support Plan and Crisis Intervention Plan are consistent with the ISP, and reconvenes the planning team if necessary.

**b) Reconvenes the planning team to conduct a comprehensive review of the ISP at least annually.** The Supports Coordinator completes the SIB-R, the Parental Stress Scale, and the assessment information on the ISP form as part of the comprehensive review.

**c) At least annually, the Supports Coordinator assists the participant's physician in completing the level of care re-evaluation** as necessary.

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

- 1) The name of the individual.
- 2) The dates of the Supports Coordination services.
- 3) The name of the provider agency (if relevant) and the person providing the Supports Coordination.
- 4) The nature, content, units of the case management services received and whether goals specified in the ISP have been achieved.
- 5) Whether the individual has declined services included in the ISP.
- 6) The need for, and occurrences of, coordination with other Supports Coordinators or case managers.
- 7) A timeline for obtaining needed services.
- 8) A timeline for reevaluation of the ISP.

**Qualifications:** Only Support Coordination Agencies can provide Supports Coordination Services. The Support Coordination Agency must have a signed Medical Assistance Provider Agreement.

The staff must have at least a Bachelor's degree in Education, Psychology, Social Work, or other related social sciences, have either 1) at least three years experience providing case management for people with disabilities or 2) at least three years experience working with people with autism spectrum disorders, they also must complete required training developed by Bureau of Autism Services for Supports Coordination for people with autism spectrum disorders, including training in needs assessment and person-centered planning.

A participant's Supports Coordination Agency may not provide any other waiver services for that individual, with the exception of Community Transition Services, Assistive Technology, and Environmental Modifications. A participant's Supports Coordination Agency may not have a fiduciary relationship with providers of the participant's other waiver services, except for Community Transition Services, Assistive Technology, and Environmental Modifications.

The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

<b>Waiver Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Staffing</b>	<b>Provider Type</b>	<b>Provider Specialty</b>	<b>Procedure Code</b>
<b>Temporary Crisis Services</b>	15 min	<b>\$9.00</b>	1:1	51	536	W7236

**Limitations:** Maximum of 540 hours per 12 month period (2160 units) starting on the date this service was last authorized. As this service is used in response to a crisis, it would not typically be included in an ISP during annual renewal, but be added through the Critical Revision process as needed.

**Service Definition:** **Temporary Crisis services provide additional staff in the short term at a time of crisis** for a participant when it has been determined that the participant’s health and welfare is in jeopardy and existing supports and services cannot be provided without additional staff assistance. This service is intended for those unforeseen circumstances which trigger a need for a time limited increase in support.

Temporary Crisis services staff support the family and existing services in stabilizing following a crisis and implementing the behavioral support plan. The need for the Temporary Crisis services will be determined by BAS based on information and documentation from the Supports Coordinator, the Behavioral Specialist and other members of the ISP team including the participant and family.

BAS reviews the continued need for the Temporary Crisis services staff based on data and information received from the SC, Behavioral Specialist, participant and other team members, including the family, at least weekly. When it has been determined by the Behavioral Specialist and other team members that the participant has been stabilized, the Temporary Crisis services will cease.

This service may be furnished in a participant’s home and at other community locations where the participant is receiving supports and services in order to assist in transitioning from a crisis status and assure health and welfare.

**Qualifications:** Four types of provider agencies are permitted to provide services for Temporary Crisis Services:

- Residential Habilitation Provider,
- Day Habilitation Provider,
- Family Living Home Provider, and
- Community Inclusion Agency.

All agencies must have signed a Medical Assistance Provider Agreement. Temporary Crisis services staff must be at least 18 years or older, have a high school diploma or equivalent, and must have completed required training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorders. All Temporary Crisis agencies provider staff must have automobile insurance for all automobiles owned, leased, and/or hired used as a component of this service. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

<b>Waiver Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Staffing</b>	<b>Provider Type</b>	<b>Provider Specialty</b>	<b>Procedure Code</b>	<b>Modifier Description</b>
<b>Therapies:</b> <b>Occupational Therapy</b>	15 min	<b>\$19.66</b>	1:1	17	171	T2025GO, U2	GO: Occupational Therapy Plan of Care U2: Adult Autism Waiver
<b>Note:</b> Therapy program must be prescribed by a physician.							
<b>Limitations:</b> Occupational Therapy available through the State Plan must first be exhausted.							
<b>Service Definition:</b> Therapies are services provided by health care professionals that enable individuals to increase or maintain their ability to perform activities of daily living.  Occupational therapy must be based on documentation of a prescription for a specific therapy program by a physician.  Occupational therapy can include independent evaluations of a participant’s assistive technology or environmental modification needs, as described in the definitions of Assistive Technology and Environmental Modifications.							
<b>Qualifications:</b> The individual who provides this service must be licensed under Title 49 PA Code; Chapter 42 at the time the service is delivered and has completed training developed by BAS regarding services for people with autism spectrum disorder. An Occupational Therapy Agency or individual must have a signed Medical Assistance Provider Agreement. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.							

<b>Waiver Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Staffing</b>	<b>Provider Type</b>	<b>Provider Specialty</b>	<b>Procedure Code</b>	<b>Modifier Description</b>
<b>Therapies:</b> <b>Speech Therapy</b>	15 min	<b>\$15.08</b>	1:1	17	173	T2025GN, U2	GN: Speech Pathology U2: Adult Autism Waiver
<b>Limitations:</b> Speech Therapy available through the State Plan must first be exhausted.							
<b>Service Definition:</b> Therapies are services provided by health care professionals that enable individuals to increase or maintain their ability to perform activities of daily living.  Speech/language therapy may be provided by a licensed speech therapist or certified audiologist upon examination and recommendation by a certified or certification-eligible audiologist or a licensed speech therapist.							
<b>Qualifications:</b> The individual who provides this service must be licensed under Title 49, PA Code; Chapter 45 (speech therapist) or Title 49, PA Code; Chapter 45 (audiologist) at the time the service is delivered and has completed training developed by the Bureau of Autism Services regarding services for people with autism spectrum disorder. A Speech/Language Therapy Agency or individual must have a signed Medical Assistance Provider Agreement. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.							

<b>Waiver Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Staffing</b>	<b>Provide Type</b>	<b>Provider Specialty</b>	<b>Procedure Code</b>	<b>Modifier Description</b>
<b>Therapies: Counseling</b>	15 min	<b>\$21.29</b>	1:1	19	425 Autism Certified Psychologist	T2025HE	HE: Informational, Mental Health
	15 min	<b>\$21.29</b>	1:1	31	426 Autism Certified Psychiatrist	T2025HE	HE: Informational, Mental Health
	15 min	<b>\$21.29</b>	1:1	11	421 Autism Social Worker	T2025HE	HE: Informational, Mental Health
	15 min	<b>\$21.29</b>	1:1	11	422 Autism Marriage & Family Therapist	T2025HE	HE: Informational, Mental Health
	15 min	<b>\$21.29</b>	1:1	11	423 Autism Professional Counselor	T2025HE	HE: Informational, Mental Health
	15 min	<b>\$21.29</b>	1:1	11	424 Autism Counseling Agency	T2025HE	HE: Informational, Mental Health

**Service Definition:** Therapies are services provided by health care professionals that enable individuals to increase or maintain their ability to perform activities of daily living. Counseling is provided by a licensed psychologist, licensed psychiatrist, licensed social worker, licensed professional counselor, or licensed marriage and family therapist.

Therapy services are direct services provided to assist individuals in the acquisition, retention, or improvement of skills necessary for the individual to live and work in the community, and must be attached to an individualized outcome. The need for the service must be evaluated on a periodic basis, at least annually or more frequently as needed as part of the ISP process. This evaluation must review whether the individual continues to require the current level of authorized services and that the service continues to result in positive outcomes for the individual. It is recognized, however, that long-term Therapy services may be necessary due to an individual's extraordinary medical or behavioral conditions. The need for long-term Therapy services must be documented in the individual's ISP.

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

**Qualifications:** The individual who provides this service must have one of the following licenses:

- Psychologist - Title 49 PA Code Chapter 41
- Psychiatrist - Title 49 PA Code Chapter 17
- Social Worker - Title 49 PA Code Chapter 47
- Marriage and Family Therapist - Title 49 PA Code Chapter 48
- Professional Counselor - Title 49 PA Code Chapter 49

In addition, individuals providing these services must complete required training developed by BAS services for people with ASD. The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.

<b>Waiver Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Staffing</b>	<b>Provider Type</b>	<b>Provider Specialty</b>	<b>Procedure Code</b>
<b>Transitional Work Services</b>	15 min	<b>\$2.36</b>	<1:6 ->1:3.5	51	516	W0012
		<b>\$3.98</b>	<1:3.5 - >1:1			W0011

**Limitations:** Total combined hours for Community Inclusion, Day Habilitation, Supported Employment and Transitional Work Services are limited to 50 hours/calendar week.

**Service Definition:** Transitional Work Services provide community employment opportunities in which the participant is working alongside other people with disabilities. The intent of this service is to support individuals in transition to integrated, competitive employment. Transitional Work Services may not be provided in a facility subject to Title 55, Chapter 2380 or Chapter 2390 regulations. Transitional Work Services do not include Supported Employment services.

**Transitional work service options include: mobile work force, workstation in industry, affirmative industry, and enclave.** A Mobile Work Force uses teams of individuals, supervised by a training/job supervisor, who conduct service activities away from an agency or facility. The provider agency contracts with an outside organization or business to perform maintenance, lawn care, janitorial services, or similar tasks and the individuals are paid by the provider. A Work Station in Industry involves individual or group training of individuals at an industry site. Training is conducted by a provider training/job supervisor or by a representative of the industry, and is phased out as the individual(s) demonstrate job expertise and meet established production rates. Affirmative Industry is operated as an integrated business, where disabled and non-disabled employees work together to carry out the job functions of the business. Enclave is a business model where disabled individuals are employed by a business/industry to perform specific job functions while working alongside non-disabled workers.

Transitional Work Services must be necessary to achieve the expected outcomes identified in the participant’s ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met, to ensure the participant is aware of employment options, and to modify the ISP as necessary. The review must include an assessment of the participant’s progress, identification of needs, and plans to address those needs. It is the participant and services provider’s responsibility to notify the Supports Coordinator of any changes in the employment activities and to provide the Supports Coordinator with copies of the referenced evaluation. The cost of transportation provided by staff to and from job sites is included in the rate paid to the program provider.

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

Documentation is maintained in the file of each individual receiving this service to satisfy state assurances that the service does not include services, which are otherwise available to the participant under the Rehabilitation Act of 1973, as amended, or Individuals with Disabilities Education and Improvement Act (IDEA). Transitional Work Services may not be provided at the same time that quarter hourly-reimbursed Respite, Day Habilitation, Community Inclusion, or Supported Employment service is provided.

**Qualifications:** Transitional Work Services will be provided through a Transitional Work Services agency that has signed a Medical Assistance Provider Agreement.

The Transitional Work Services staff must be 18 or older, has a high school diploma or equivalent and completed all required training developed by the Bureau of Autism Services for people with autism spectrum disorder. The Transitional Work Services Agency must have automobile insurance for all automobiles owned, leased, and or hired used as a component of this service.

The Bureau of Autism Services is responsible for verification of qualifications and will do so on a biennial basis.