

Consolidated, Person/Family Directed Support (P/FDS), and Community Living Waiver Amendments



ODP Public Comment Webinar
January 11, 2021

Agenda



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DEPARTMENT OF HUMAN SERVICES

- Overview of Changes – 40 minutes
- Questions – 20 minutes
- Public Comment – 60 minutes

- The Office of Developmental Programs will request amendments to the Consolidated, P/FDS, and Community Living Waivers.
- The proposed changes are considered substantive.
 - ODP will request that the amendments be effective July 1, 2021.
 - The effective date is subject to change.

Everyday Lives: Values In Action



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Everyday Lives

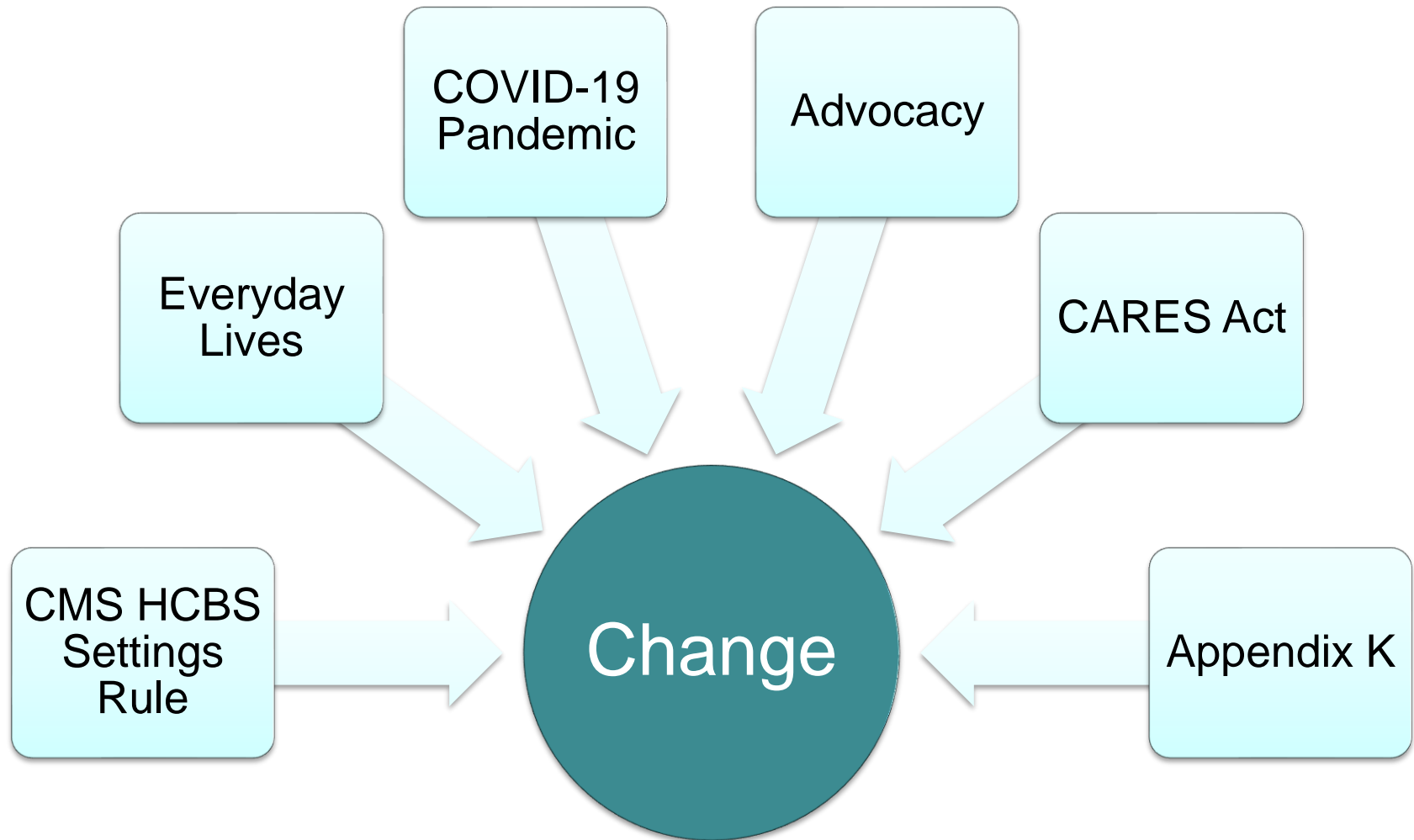
VALUES
IN
ACTION



- 1 Assure Effective Communication
- 2 Promote Self-Direction, Choice and Control
- 3 Increase Employment
- 4 Support Families throughout the Lifespan
- 5 Promote Health, Wellness, and Safety
- 6 Support People with Complex Needs
- 7 Develop and Support Qualified Staff
- 8 Simplify the System
- 9 Improve Quality
- 10 Expand Options for Community Living
- 11 Increase Community Participation
- 12 Provide Community Services to Everyone



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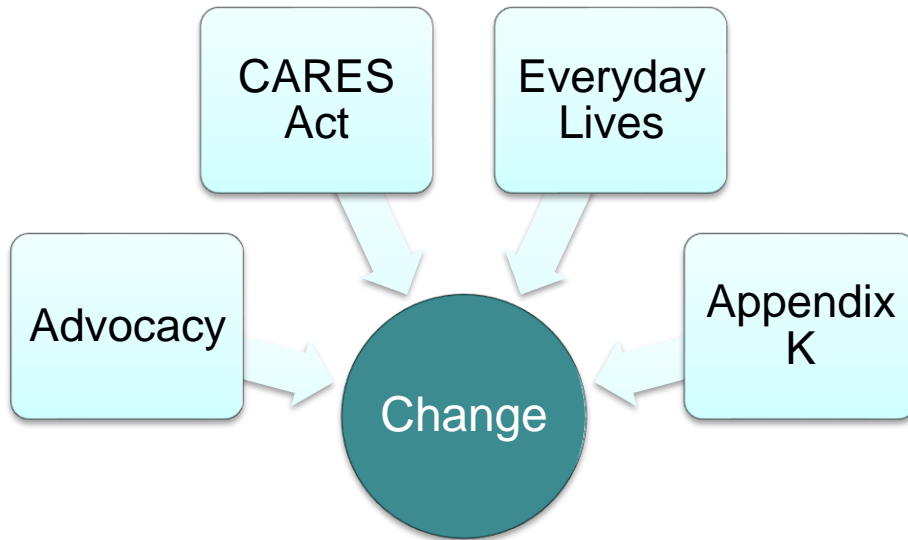


Appendix K and Operational Guide

- Remote Services
- Services in Hospitals
- **Will remain effective until 6 months after the public health emergency ends**

Waiver Amendments

- Remote Services
- Services in Hospitals
- **Effective when Appendix K ends.**
- ***Changes that do not contradict Appendix K will be effective when the waiver amendment is effective**



5. Promote Health, Wellness and Safety

- Supplemental Habilitation
 - Residential Habilitation
 - Life Sharing
 - Supported Living
- In-Home and Community Support
- Companion
- Behavioral Support
- Supports Coordination
 - For any duration of time
- Supports Broker

- Services in a hospital can only be rendered for assisting the individual with the following:
 - Communication;
 - Intensive Personal Care; and/or
 - Behavior Support/stabilization as enumerated in the behavior support plan
- The service must be:
 - Identified in the ISP;
 - Provided to meet the needs of the individual that are not met through the provision of hospital services;
 - Designed to ensure smooth transitions between hospital and community
 - Not a substitute for services that hospital is obligated to provide



**Reserved Waiver Capacity
and Disenrollment from
Waiver:**

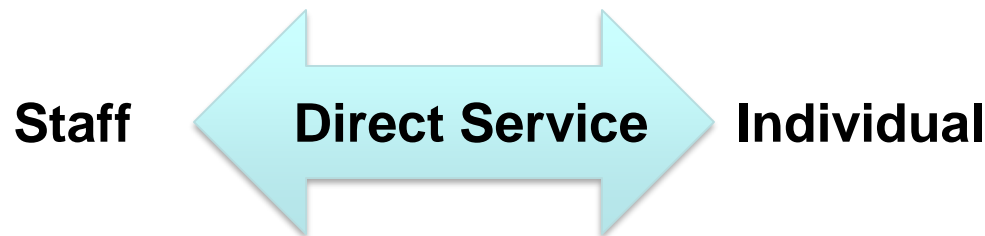
**Not for individuals who are
receiving services during
hospitalization.**

**Reserved Waiver Capacity
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Waiver:**

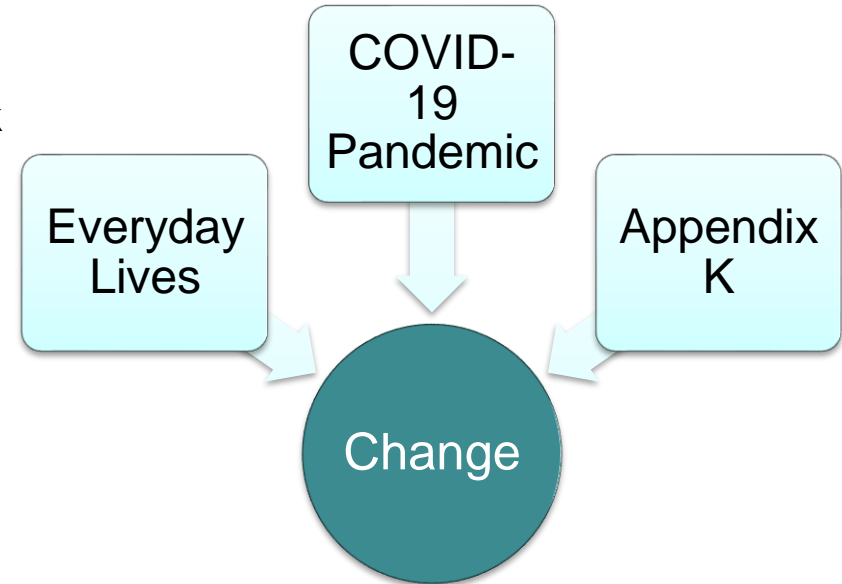
**For individuals who are NOT
receiving waiver services
during hospitalization or in
other settings where waiver
services cannot be delivered
(such as psychiatric hospital
settings, rehabilitation care
programs, and nursing
homes)**

Definition of Direct Service

- The provision of a service where the staff and individual(s) engage in activities outlined in the service definition that meet the goals/outcomes of the participant and ensures the health and safety of the participant.
- To bill remote services, the staff must be actively engaging with the participant(s) using remote technology in accordance with the ODP policy.
- To bill in-person direct services, the staff must be in the same service location as the participant(s).



- Community Participation Support
 - 10 Hours / (40) 15-minute units per week
- In-Home and Community Support
 - *Not allowed overnight*
- Companion
 - *Not allowed overnight*
- Behavioral Support
- Supported Employment
- Communication Specialist
- Music & Art Therapy
- Therapy Services
- Supports Broker
- Consultative Nutritional Services



3. Increase Employment

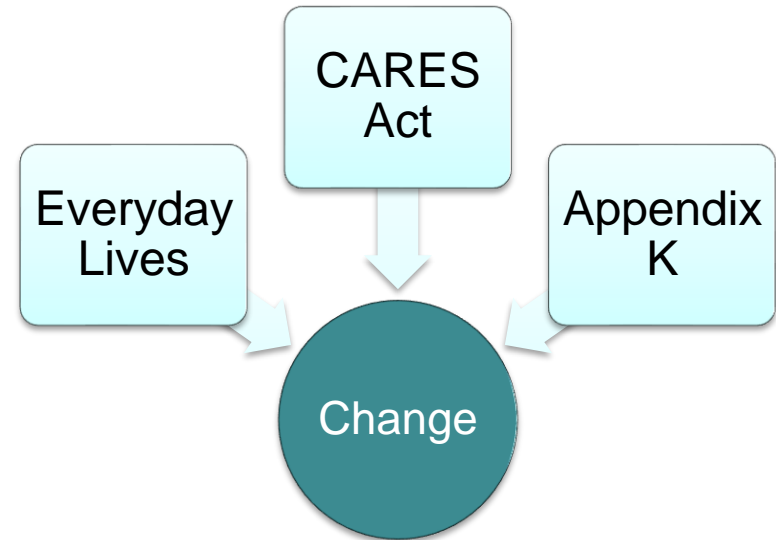
5. Promote Health, Wellness and Safety

10. Expand Options for Community Living

Remote Monitoring will now be referred to as Remote Support.

- Definition of Remote Support
 - An individual has technology that uses two-way real time communication in their home or community that allows someone from an agency who is offsite to monitor and respond to the individual's safety needs.
 - Examples of technology includes home-based sensors, cameras, and other technologies.
 - When “hands on” approaches are not required, Remote Support makes it possible for an individual's health, wellness and safety needs to be met, supporting the individual's need for greater independence. Direct interaction with a professional occurs as needed but is not the main function of the service.

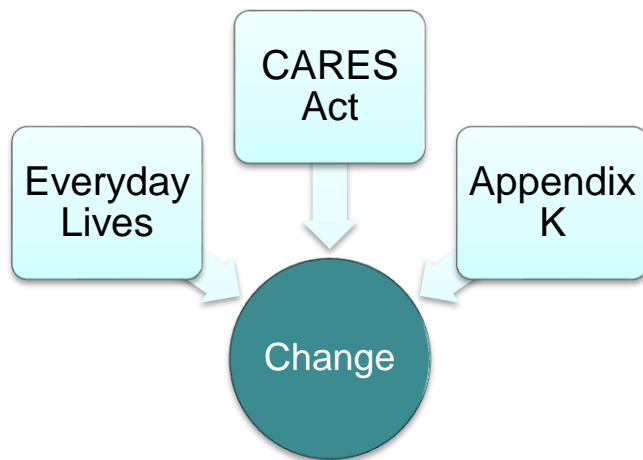
- Allowing for the coverage of internet service to individuals who reside in a private home, only when needed for remote support equipment to function.
- Increasing the cost of devices that require an independent evaluation from \$500 to \$750.
- Expanding the limits for intensive remote support above \$5,000 using the variance process.
- Adding qualification criteria for the provider to be able to intensive remote supports provided above \$5,000.



10. Expand Options for Community Living

5. Promote Health, Wellness and Safety
7. Develop/Support Qualified Staff
10. Expand Options for Community Living

- Adding assistive technology professional to provider qualifications for Residential Habilitation and Supported Living effective January 1, 2022.
 - Complete evaluations of assistive technology needs.
 - Complete an evaluation plan.
 - Inform the individual of impact on privacy.
 - Ensure technology in good working order



- Clarifying provider qualification requirements for executive level staff in Residential Habilitation, Life Sharing and Supported Living
 - Responsibility for all of the following:
 - ✓ Day-to-day residential agency operations;
 - ✓ Oversight of the development and implementation of residential agency-wide policies and procedures;
 - ✓ Supervision of management-level staff; and
 - ✓ Compliance with applicable state and federal regulations.

Behavioral Support:

- Develop a Functional Behavioral Assessment during initial behavioral support plan development

6. Support
People with
Complex Needs

Supports Coordination Organizations:

- Allow Supports Coordination Organizations to be Organized Health Care Delivery Systems (OHCDS)

2. Promote Self-
Direction, Choice
and Control

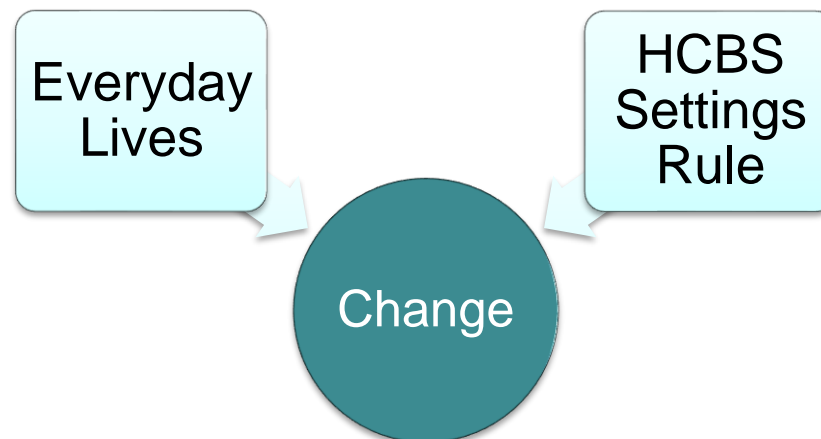
Housing Transition:

“Assisting with the ~~housing search~~ process of searching for a home that is located in an integrated setting that is dispersed in the community in a noncontiguous location not located on a campus setting. Housing Transition cannot be used to find homes that are developed for or promoted as serving people with an intellectual disability and/or Autism that isolate or segregate the participant from the community of individuals who do not have an intellectual disability and/or Autism.”



Benefits Counseling

- Expand provider qualifications to give providers the ability to render this service with either a Certified Work Incentives Counselor certification OR **Work Incentive Practitioner**
- ODP Communication [20-012](#)



Restrictive Interventions:

- Remove language regarding staffing ratios
“~~Intensive supervision such as 1:1 or 2:1 staffing levels or higher for purposes of behavior monitoring/intervention/redirection.~~”

Rate determination methods:

- Any changes will be communicated before they become effective.
“The VF/EA and AWC wage ranges are issued by ODP prior to **any changes in wage ranges** ~~July 1 each year~~ in a standard ODP communication. In addition, **changes to** the AWC MA fee schedule rates are communicated prior to ~~July 1 each year~~ **implementation** through a public notice published in the Pennsylvania Bulletin. Wage ranges & fee schedule rates, when applicable, are implemented prospectively.

“If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- **The nature of the crime;**
- **Facts surrounding the conviction;**
- **Time elapsed since the conviction;**
- **The evidence of the individual’s rehabilitation;**
- **The nature and requirements of the job; and**
- **The performance of individualized risk assessments.”**



PUBLIC INPUT

Today's Public Input Process



- We will now go over answers to some of the questions we have received regarding these waiver amendments.
- The remaining time is reserved for obtaining public input on the waiver amendments
 - 5 minute limit on comments

Today's Public Input Process



- Please provide input on whatever information is of interest to you.
 - Letting us know if you agree or disagree with a proposed change is helpful.
- ODP is also interested in knowing more about the following:
 - If you have experience rendering services in a hospital through Appendix K. What worked? What was challenging?
 - If you have experience rendering direct services using remote technology through Appendix K. What worked? What was challenging?

Written Comments



- While we will be recording this webinar we encourage you to submit your comments in writing.
- You have 2 options:
 1. Email comments to the DHS at RA-odpcomment@pa.gov.
 2. Mail comments to Julie Mochon, Department of Human Services, Office of Developmental Programs, 625 Forster Street, Room 510, Harrisburg, PA 17120
- Comments received by 11:59 PM on January 18, 2021, will be reviewed and considered for revisions to the proposed waiver amendments.

Resources



The documents regarding the Consolidated, Community Living, and P/FDS Waiver Amendments are available at:

<https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Proposed-Waiver-Amendments.aspx>