


**Approved Program Capacity and
Noncontiguous Locations for ID/A
Waiver Providers**

October 31, 2019

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**ODP Announcement 19 -138
Request for Approved Program
Capacity and Noncontiguous
Clearance**

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Noncontiguous – CPS Facilities




Community Participation Support (CPS) may not be provided in a licensed facility for any percentage of time that enrolls on or after February 1, 2020 in a location that is **adjacent to, attached to, or located in the same building** as any of the following funded through any source (§ 6100.445):

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Noncontiguous – CPS Facilities



- Hospital (medical or psychiatric)
- Skilled Nursing Facility (55 Pa. Code Chapters 201 through 211)
- Licensed public or private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) (55 Pa. Code Chapter 6600) or ICF/ORC
- Licensed Child Residential Services (55 Pa. Code Chapter 3800)
- Licensed Community Residential Rehabilitation Services for the Mentally Ill (CRRS) (55 Pa. Code Chapter 5310)
- Licensed Personal Care Homes (55 Pa. Code Chapter 2600)
- Licensed Assisted Living Residences (55 Pa. Code Chapter 2800)
- Licensed or Unlicensed Family Living Homes (55 Pa. Code Chapter 6500)
- Licensed or Unlicensed Community Homes for Individuals with an Intellectual Disability or Autism (55 Pa. Code Chapter 6400)
- Licensed Adult Training Facilities (55 Pa. Code Chapter 2380)
- Licensed Vocational Facilities (55 Pa. Code Chapter 2390)
- Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11).

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Noncontiguous – Residential



(excludes Supported Living)

Residential Service locations may not be enrolled on or after February 1, 2020 if they are **adjacent** to any of the following funded through any source:

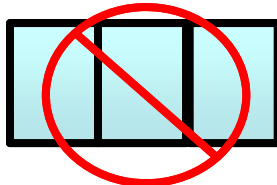
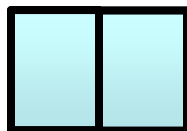
- Licensed public or private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) (55 Pa. Code Chapter 6600) or ICF/ORC,
- Licensed Personal Care Homes (55 Pa. Code Chapter 2600),
- Licensed Assisted Living Residences (55 Pa. Code Chapter 2800),
- Licensed Adult Training Facilities (55 Pa. Code Chapter 2380),
- Licensed Vocational Facilities (55 Pa. Code Chapter 2390), and
- Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11).

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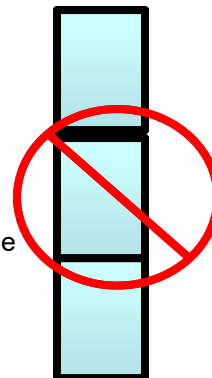
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Noncontiguous – Residential



Exceptions are allowed in 55 Pa. Code § 6100.445 for Residential Service locations to share one common party wall with one other Residential Service location funded through ODP's waivers in the form of a duplex, two bilevel units, and two side-by-side apartments. This exception does not extend to Residential Service locations that are not funded through ODP's waivers.



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Process for Noncontiguous Clearance



CPS and Residential - follow same steps on the form:

1. First, the provider must fill out the APC and Noncontiguous Form and apply for Noncontiguous Clearance, **Section A & B** (See *Form Instructions* below for details on how to fill out these sections)
2. Second, the provider must email the form to their Regional Waiver Capacity Manager (see *Regional Waiver Capacity Manager Contact Information, Attachment #4*).

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Process for Noncontiguous Clearance




3. Third, the Regional Waiver Capacity Manager will determine if the Community Participation Support facility is noncontiguous by documenting the determination on the APC and Noncontiguous Form and then will email the form back to the provider.
4. Fourth, when the provider receives the form back and Noncontiguous Clearance was approved, the provider must go through licensing to receive the location's licensed capacity (See *APC and Noncontiguous ODP Announcement 19-138*, for licensing information).

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Process for Noncontiguous Clearance



SECTION A

Type of Request


- Request for *Noncontiguous Clearance* for Licensed or Unlicensed Residential Service location to provide Residential Habilitation, Life Sharing, Respite Only Homes and Licensed Community Participation Support Facilities (proceed to section B)
- Request to *Establish APC* for a new a Licensed or Unlicensed Residential Service Location to provide Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living (**proceed to section B & C**)
- Request to *Change APC, including Reserved Capacity*, for a Licensed or Unlicensed Residential Service Location to provide Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living (**proceed to section B & D**)
- Request to *Close* a Licensed or Unlicensed Residential Service Location that provided Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living or a Licensed Community Participation Support Facility (**proceed to section B**)
- Request for *Revalidation* for Licensed or Unlicensed Residential Service locations to provide Residential Habilitation, Life Sharing, Respite Only Home, or Supported Living (**proceed to section B**)

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Process for Noncontiguous Clearance



SECTION B

Legal Entity Name: _____

Service Location's Street Address/City/State/Zip: _____

Contact Name: _____	Phone Number (include area code): _____	Email Address: _____
MPI # (9 digits): _____	Service Location Code (4 digits): _____	

Check the type of service location that applies to the request

RESIDENTIAL SERVICE LOCATIONS			COMMUNITY PARTICIPATION SUPPORT FACILITIES
<input type="checkbox"/> Licensed 55 Pa. Code Ch. 6400 Community Living Home	<input type="checkbox"/> Licensed 55 Pa. Code Ch. 6500 Family Living Home	<input type="checkbox"/> Unlicensed Life Sharing Home	<input type="checkbox"/> Licensed 55 Pa. Code Ch. 2380 Adult Training Facility
<input type="checkbox"/> Licensed 55 Pa. Code Ch. 6400 Community Living Home (For Respite Only Homes)	<input type="checkbox"/> Licensed 55 Pa. Code Ch. 3800 Child Residential and Day Treatment	<input type="checkbox"/> Licensed 55 Pa. Code Ch. 5310 Community Residential Rehabilitation	<input type="checkbox"/> Licensed 55 Pa. Code Ch. 2390 Vocational Facility
<input type="checkbox"/> Unlicensed Residential Habilitation	<input type="checkbox"/> Supported Living		<input type="checkbox"/> Licensed 6 Pa. Code Chapter 11 Older Adult Daily Living Centers

***For a request to close a Residential Service Location or a Community Participation Support Facility**


Date of Closure: _____

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Approved Program Capacity




- Approved Program Capacity (APC) is the maximum number of individuals who can receive services at a Residential Service location on any given day, regardless of the service or funding type authorized to pay for that service.

- Approved Program Capacity applies to Residential Habilitation, Life Sharing, and Supported Living services.
 - Individual whose services are funded through the Consolidated, and Community Living Waivers.
 - Individual whose services are funded through Base Funding in a home where waiver residential services are provided.


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APC and Procedure Codes




Approved Program Capacity must align with the residential procedure codes billed that are specific to the number of people receiving services in each home.



3 APC

2 Consolidated Waiver
1 Base


W9045



4 APC

1 Consolidated Waiver
3 OCYF

W9047



1 APC


1 Community Living Waiver

W8593 Life Sharing
W7037 Life Sharing

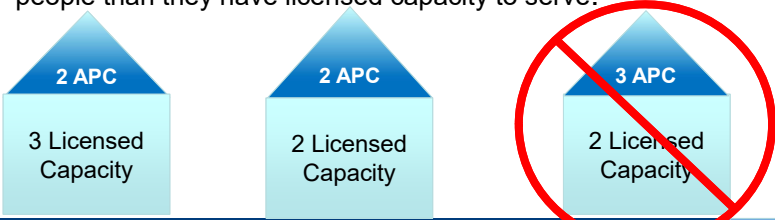
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APC and Licensing




- Approved Program Capacity is not to be confused with licensing. Licensing is the maximum number of participants that can reside or receive services at a service location based on square footage and applicable licensing regulations.
- The licensing capacity may be greater than or equal to the Approved Program Capacity but can never be less than the Approved Program Capacity. A provider may never serve more people than they have licensed capacity to serve.



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APC by Setting and Date




- The maximum number of participants who can receive services (APC) in a **Residential Habilitation** home are different based on when a home was enrolled to render waiver services.


Setting	Maximum Capacity If Enrolled on or after effective date of the Chapter 6100 Regulations	Maximum Capacity If Enrolled on 7/1/17 or later and prior to Chapter 6100 Regulations	Maximum Capacity If Enrolled from 7/1/12-6/30/17
Stand-alone home in an integrated and dispersed setting	4 people Source: §6100.444(b)	4 people Source: Consolidated Waiver, 11/1/18	8 people Source: Consolidated Waiver, 6/30/16

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 APC by Setting and Date			
Setting	Maximum Capacity If Enrolled on or after effective date of the Chapter 6100 Regulations	Maximum Capacity If Enrolled on 7/1/17 or later and prior to Chapter 6100 Regulations	Maximum Capacity If Enrolled from 7/1/12-6/30-17
Duplex, two bilevel units or two side-by-side apartments where Residential Habilitation is provided in one or both units.	4 total people in both units, 2 people per unit Examples: <ul style="list-style-type: none"> • 3 in one unit and 1 in the other unit • 2 in one unit and 2 in the other unit Source: §6100.444(b)(1)	8 total people in both units, 4 people per unit Examples: <ul style="list-style-type: none"> • 4 in one unit and 4 in the other unit • 4 in one unit and 3 in the other unit Source: Consolidated Waiver	16 total people in both units, 8 people per unit Examples: <ul style="list-style-type: none"> • 8 in one unit and 8 in the other unit • 8 in one unit and 7 in the other unit Source: Consolidated Waiver
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 APC By Setting and Date			
Setting	Maximum Capacity If Enrolled on or after effective date of the Chapter 6100 Regulations	Maximum Capacity If Enrolled on 7/1/17 or later and prior to Chapter 6100 Regulations	Maximum Capacity If Enrolled from 7/1/12-6/30/17
Intermediate care facility (55 Pa. Code Chapter 6600) that will convert to a Residential Habilitation service location	8 people Source: §6100.444(b)(2)	8 people Source: Consolidated Waiver, 11/1/18	8 people
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 APC By Setting and Date			
Setting	Maximum Capacity If Enrolled on or after effective date of the Chapter 6100 Regulations	Maximum Capacity If Enrolled on 7/1/17 or later and prior to Chapter 6100 Regulations	Maximum Capacity If Enrolled from 7/1/12-6/30/17
Any other setting enrolled prior to this date with an approved program capacity of 5 to 8 that is moving to another location.	8 people This setting may move to another location and retain the current approved program capacity. Example: A home that was approved with a program capacity of 5 on 8/16/13 can relocate and keep the program capacity of 5. Source: §6100.444(a)(2)	8 people per unit This setting may move to another location and retain the current approved program capacity. Source: Consolidated Waiver, 11/1/18	Not specified

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 Regulatory Requirements for APC	
<p>§ 6100.441 Request for and approval of changes</p> <p>A provider shall submit a written request to the Department on a form specified by the Department and receive written approval from the Department prior to increasing or decreasing the Department-approved program capacity of a service location.</p>	

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Process for APC In New Home



1. First, the provider must fill out the APC and Noncontiguous Form and request to establish APC, Section A, B, & C
2. Second, the provider must email the form to their Regional Waiver Capacity Manager
 - a) When submitting the form, the current Licensing Certificate of Compliance must be attached verifying that the requested service location is licensed
 - b) If the provider is requesting to establish APC for a one-person home, the provider must also attach a letter or email with the Administrative Entity/County approval of the request when submitting the APC Form

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Process for APC in New Home




3. Third, the Regional Waiver Capacity Manager will determine the APC for the Residential service location by documenting the determination on the APC and Noncontiguous Form and then will email the form back to the provider.

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Process for APC In New Home



Request for APC and Noncontiguous Clearance Form

SECTION A

Type of Request

Request for *Noncontiguous Clearance* for Licensed or Unlicensed Residential Service location to provide Residential Habilitation, Life Sharing, Respite Only Homes and Licensed Community Participation Support Facilities **(proceed to section B)**

Request to *Establish APC* for a new a Licensed or Unlicensed Residential Service Location to provide Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living **(proceed to section B & C)**


Request to *Change APC, including Reserved Capacity*, for a Licensed or Unlicensed Residential Service Location to provide Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living **(proceed to section B & D)**

Request to *Close* a Licensed or Unlicensed Residential Service Location that provided Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living or a Licensed Community Participation Support Facility **(proceed to section B)**

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Process for APC In New Home



SECTION B

Legal Entity Name: _____

Service Location's Street Address/City/State/Zip: _____

Contact Name:	Phone Number (include area code):	Email Address:
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MPI # (9 digits): _____ Service Location Code (4 digits): _____

Check the type of service location that applies to the request


RESIDENTIAL SERVICE LOCATIONS			COMMUNITY PARTICIPATION SUPPORT FACILITIES
<input type="checkbox"/> Licensed 55 Pa. Code Ch. 6400 Community Living Home	<input type="checkbox"/> Licensed 55 Pa. Code Ch. 6500 Family Living Home	<input type="checkbox"/> Unlicensed Life Sharing Home	<input type="checkbox"/> Licensed 55 Pa. Code Ch. 2380 Adult Training Facility
<input type="checkbox"/> Licensed 55 Pa. Code Ch. 6400 Community Living Home (For Respite Only Homes)	<input type="checkbox"/> Licensed 55 Pa. Code Ch. 3800 Child Residential and Day Treatment	<input type="checkbox"/> Licensed 55 Pa. Code Ch. 5310 Community Residential Rehabilitation	<input type="checkbox"/> Licensed 55 Pa. Code Ch. 2390 Vocational Facility
<input type="checkbox"/> Unlicensed Residential Habilitation	<input type="checkbox"/> Supported Living		<input type="checkbox"/> Licensed 6 Pa. Code Chapter 11 Older Adult Daily Living Centers

***For a request to close a Residential Service Location or a Community Participation Support Facility**


Date of Closure: _____

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Process for APC in New Home		
SECTION C – REQUEST TO ESTABLISH APC (Licensed and Unlicensed Residential Service Locations)		
Effective Date of Licensing:	Licensed Capacity:	Requested APC:
<p>Describe how the needs of the individual(s) to be served require and/or meet the level of support requested:</p>		
<input type="checkbox"/> Submitted a letter/email with the Administrative Entity/County approval (When establishing APC for a one-person home)		
<input type="checkbox"/> Submitted licensing certificate of compliance (verifying the requested service location is licensed)		
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Process to Change APC	
<p>1. First, the provider must fill out the APC and Noncontiguous Form and request to change the service location’s current APC, Section A, B, & D (See <i>Form Instructions</i> below for details on how to fill out these sections).</p> <p>a) As stated in 55 Pa. Code Chapter § 6100.441(d), the provider shall provide the written request to the affected individuals, and persons designated by the individuals, prior to the submission to the Department (<i>see attachment #5</i>) .</p>	
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Process to Change APC



2. Second, the provider must email the form to their Regional Waiver Capacity Manager, along with any specified additional documentation (see *Regional Waiver Capacity Manager Contact Information, Attachment #4*). This includes:
 - a) A letter/email with the Administrative Entity/County approval of increase or decrease of the previous approved program capacity, and
 - b) The current Licensing Certificate of Compliance must be attached verifying that the requested service location is licensed.

3. Third, the Regional Waiver Capacity Manager will determine the APC for the Residential service location by documenting the determination on the APC and Noncontiguous Form and then will email the form back to the provider.

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Process to Change APC




4. After the provider has received a determination from ODP, as stated in 55 Pa. Code Chapter § 6100.441(e), the response to the written request shall be provided to the affected individuals, and persons designated by the individuals within 7 days following the receipt of the Department's response (see *attachment #5*).


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<h2 style="background-color: #0056b3; color: white; padding: 5px;">Process to Change APC</h2>		
<h3>Request for APC and Noncontiguous Clearance Form</h3>		
SECTION A		
Type of Request <input type="checkbox"/> Request for <i>Noncontiguous Clearance</i> for Licensed or Unlicensed Residential Service location to provide Residential Habilitation, Life Sharing, Respite Only Homes and Licensed Community Participation Support Facilities (proceed to section B) <input type="checkbox"/> Request to <i>Establish APC</i> for a new a Licensed or Unlicensed Residential Service Location to provide Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living (proceed to section B & C) <input type="checkbox"/> Request to <i>Change APC, including Reserved Capacity</i> , for a Licensed or Unlicensed Residential Service Location to provide Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living (proceed to section B & D) <input type="checkbox"/> Request to <i>Close</i> a Licensed or Unlicensed Residential Service Location that provided Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living or a Licensed Community Participation Support Facility (proceed to section B)		
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<h2 style="background-color: #0056b3; color: white; padding: 5px;">Process to Change APC</h2>		
SECTION D – REQUEST TO CHANGE APC		
Current APC:	Requested Change in APC:	
End Date of Current APC:	Effective Date of new APC:	
Describe the circumstances surrounding the change in APC:		
Describe how the change will meet the need, service location size, staffing patterns, assessed needs, and outcomes for the individual(s) in the home:		
<input type="checkbox"/> Submitted a letter/email with the Administrative Entity/County approval of increase or decrease of previous approved program capacity		
<input type="checkbox"/> Submitted Licensing Certificate of Compliance with this form verifying the requested service location is Licensed (If requesting Reserved Capacity, this does not need to be submitted with the form)		
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Reserved Capacity

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Reserved Capacity § 6100.55(a)

“Except as provided under subsection (b), the provider may not limit an individual’s medical, hospital, or therapeutic leave days”

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Reserved Capacity § 6100.55(b)



“The provider shall reserve an individual’s residential placement during the individual’s medical, hospital, or therapeutic leave not to exceed 180 days from the individual’s departure from the residential service location.”

- 180 consecutive calendar days.
 - Starting from the first day individual is on leave up until the 180th day.
- Residential service location includes:
 - Residential Habilitation service,
 - Life Sharing service, and
 - Supported Living service

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Reserved Capacity § 6100.55(b)



Medical or Hospital Leave:

Days when the individual is admitted to settings such as medical hospitals, psychiatric hospitals, rehabilitation care programs, and nursing homes.

Therapeutic Leave:

Days when the individual is absent from the home to visit with a relative or friend, including absence due to vacation when the individual is not accompanied by a staff person from the residential provider, and is, therefore, not receiving services from the residential provider.

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Reserved Capacity § 6100.55(c)



“The Department may approve an adjustment to the provider’s program capacity not to exceed 150 days of an individual’s medical, hospital, therapeutic leave from the residential service location”

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Reserved Capacity § 6100.55(c)



A provider may request to decrease the service location’s program capacity when the individual is absent from the service location for more than 30 consecutive calendar days.

- Starting on day 31 the provider may request Reserved Capacity and ODP may approve the service location’s decrease in program capacity for a maximum of 150 consecutive calendar days
- Reserved Capacity must end the day the individual returns to the service location

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Reserved Capacity



Example: An individual is on medical leave for a total of 180 days:

- **Day 1 through day 30:** Provider must reserve the individual's placement with the already approved program capacity of the service location
- **Day 31 through day 180** (total of 150 days): Provider must reserve the individual's placement & may request a decrease in the service location's program capacity

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Reserved Capacity: program capacity



Reserved Capacity example:

- A Residential Habilitation service location (home) has a current approved program capacity of 4 (4 individuals live and receive Residential Habilitation at this service location). One of the individuals goes on vacation with her family for 45 days. The provider may request a decrease to the approved program capacity (Reserved Capacity) for the time the individual is out of her home starting on day 31 until the day she returns on day 45.

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Reserved Capacity



- Reserved Capacity can be requested multiple times per person if an individual is on hospital, medical, or therapeutic leave more than once in the fiscal year.

Example:

- An individual was on hospital leave for a total of 50 days. Reserved Capacity started on day 31 and ended the day the individual returned back to his/her home on day 50. The individual was in the hospital again later that year for a total of 40 days - Reserved Capacity started on day 31 and ended the day the individual returned back to his/her home on day 40.

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Reserved Capacity



Reserved Capacity is not intended for:

- Situations that involve an individual who is permanently moving out of the service location and into another service location
- Situations where an individual has passed away.

A provider may not:

- Bill for Respite services during the time the individual is on Reserved Capacity. In other words, a provider cannot render Respite services in a bedroom that is being reserved for a person who is on medical, hospital, or therapeutic leave.

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Process for Reserved Capacity



1. First, the provider must fill out the APC and Noncontiguous Form and request to change the service location's current APC, **Section A, B, & D** (See *Form Instructions* below for details on how to fill out these sections).
2. Second, the provider must email the APC and Noncontiguous form to their Regional Waiver Capacity Manager, along with any specified additional documentation (see *Regional Waiver Capacity Manager Contact Information, Attachment #4*). This includes:
 - A letter/email with the Administrative Entity/County approval of increase or decrease of the previous approved program capacity, and
 - The current Licensing Certificate of Compliance must be attached verifying that the requested service location is licensed.

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Process for Reserved Capacity



3. Third, the Regional Waiver Capacity Manager will determine the APC for the Residential service location by documenting the determination on the APC and Noncontiguous Form and then will email the form back to the provider.
4. When the individual returns from their Medical, Hospital, or Therapeutic leave, the provider must refill out the form and repeat steps 1 through 3 to increase their APC.

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<h2 style="text-align: center;">Requesting Reserved Capacity</h2>	
<h3>Request for APC and Noncontiguous Clearance Form</h3>	
SECTION A	
Type of Request <input type="checkbox"/> Request for <i>Noncontiguous Clearance</i> for Licensed or Unlicensed Residential Service location to provide Residential Habilitation, Life Sharing, Respite Only Homes and Licensed Community Participation Support Facilities (proceed to section B) <input type="checkbox"/> Request to <i>Establish APC</i> for a new a Licensed or Unlicensed Residential Service Location to provide Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living (proceed to section B & C) <input type="checkbox"/> Request to <i>Change APC, including Reserved Capacity</i> , for a Licensed or Unlicensed Residential Service Location to provide Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living (proceed to section B & D) <input type="checkbox"/> Request to <i>Close</i> a Licensed or Unlicensed Residential Service Location that provided Residential Habilitation, Life Sharing, Respite Only Homes, or Supported Living or a Licensed Community Participation Support Facility (proceed to section B)	
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<h2 style="text-align: center;">Requesting Reserved Capacity</h2>	
SECTION D – REQUEST TO CHANGE APC	
Current APC:	Requested Change in APC:
End Date of Current APC:	Effective Date of new APC:
<p>*THIS BOX IS TO BE FILLED OUT ONLY IF REQUESTING RESERVED CAPACITY (Medical, Hospital, or Therapeutic Leave):</p> <p>Individual's MCI (9-digits):</p> <p>Date Reserved Capacity Starts (starting on the 31st day that the individual has been absent from the service location):</p> <p>Date Reserved Capacity Ends (this is only to be completed when the person is returning to the home and an increase in APC is required. This date must reflect the date the person returns to the home and cannot be more than 150 calendar days from the reserved capacity start date):</p> <p>Describe the circumstances surrounding the change in APC. (If this is a Reserved Capacity request, describe the type of leave — medical, hospital, or therapeutic — and the circumstances regarding the leave):</p>	
<input type="checkbox"/> Submitted a letter/email with the Administrative Entity/County approval of increase or decrease of previous approved program capacity	
<input type="checkbox"/> Submitted Licensing Certificate of Compliance with this form verifying the requested service location is Licensed (If requesting Reserved Capacity, this does not need to be submitted with the form)	
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Resources




- [ODP Communication 19-138](#): Request For Approved Program Capacity and Noncontiguous Clearance
- [Consolidated Waiver](#)
- [Community Living Waiver](#)
- [Person/Family Directed Support Waiver](#)

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Waiver Capacity Managers



- Central Region – William (Bill) Bruaw
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- Northeast Region - Marie Craven
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- Southeast Region - Mary Citko
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- Western Region - Michelle Walters
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