

# Public Comment Webinar on the January 2022 I/DA Waiver Amendments



The Office of Developmental Programs (ODP)

November 2, 2021 & November 4, 2021

# Agenda



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

- The FY 21/22 budget includes funding for:
  - 100 additional individuals to be served in the Consolidated Waiver, including 20 children with a medically complex condition.
  - 732 additional individuals to be served in the Community Living Waiver.



## **Expanding ODP's Services for individuals with a medically complex condition**

## No Changes To Current Eligibility



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There have been no changes to eligibility criteria for:

- Intellectual Disability
- Autism
- Children with a developmental disability under age 9 with a high probability of resulting in an intellectual disability or autism

# Medically Complex Youth

Eligibility is being expanded to include children under age 22 with a developmental disability due to a medically complex condition.



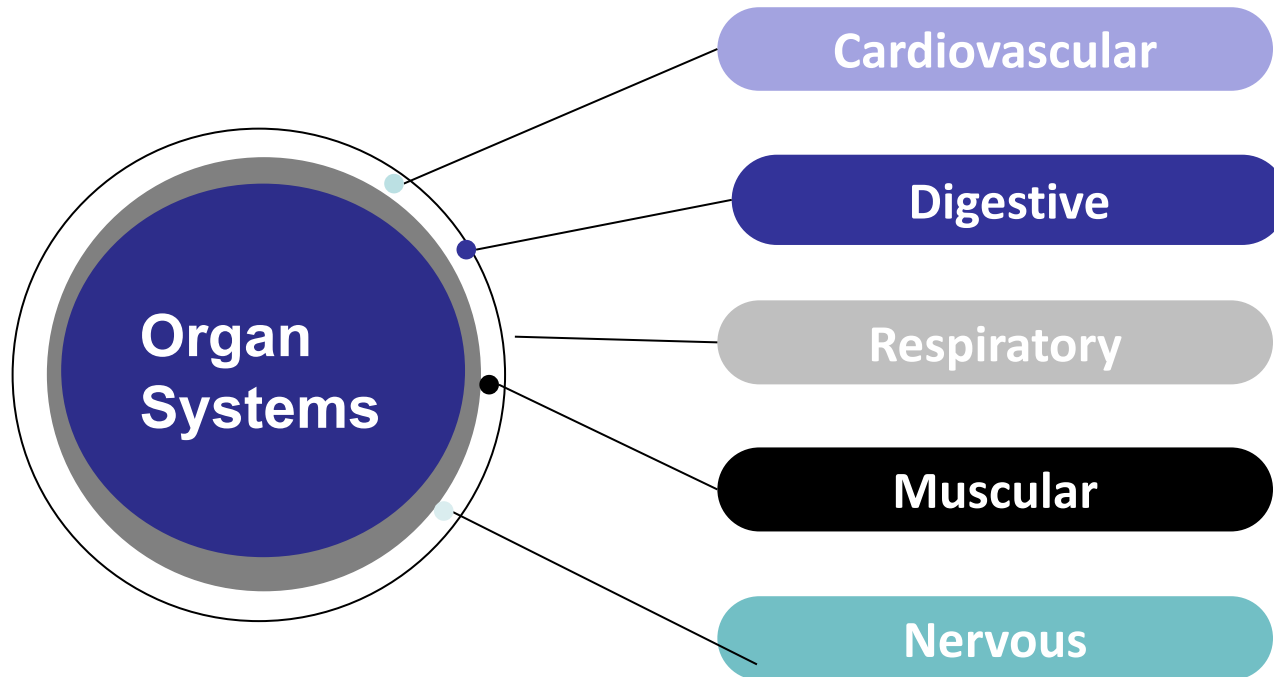
## Purpose:

- Eliminate barriers to families caring for these youth at home
- Provide care in least restrictive, home-like settings

*Nikita and her mom Berenice prepare to use the manual suction pump to help clear her lungs.*

*Picture: Chris Bateman*

Medically Complex Condition: Youth has a chronic health condition that cumulatively affects 3 or more organ systems. Examples:



Medically Complex Condition: Youth has a chronic health condition that requires medically necessary nursing intervention to execute medical regimens to use technology for respiration, nutrition, medication administration or other bodily functions

- There is no requirement regarding the amount of nursing intervention needed. Could be weekly or monthly oversight and check-ins.



## Additional Eligibility Requirements



Have substantial adaptive skills deficits in three or more areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living based on a standardized adaptive functioning test;

Be recommended for an ICF/ORC level of care based on a medical evaluation.



Individuals with a  
Developmental Disability  
age 0-21 option to enroll  
in ODP waiver

Once a participant reaches age 22, the participant will be given the option to remain enrolled in the waiver after age 22 or transition to another program.



## Hospital / Rehabilitation Care

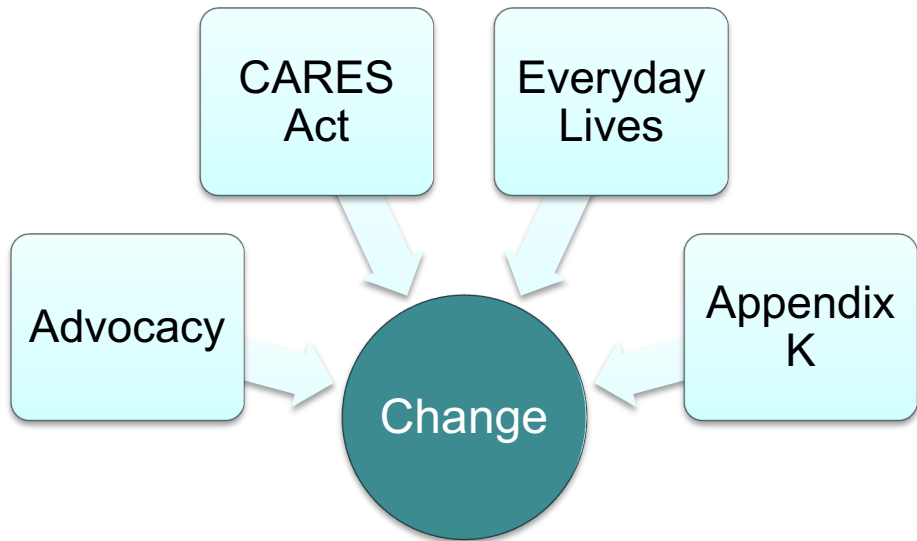
ODP reserves waiver capacity for participants requiring:

- **Hospital care beyond 30 consecutive days and up to 6 consecutive months from the first date of leave when they are not receiving any waiver services during that time; or**



Public Health Emergency (PHE) was renewed with effective date of October 18 for another 90 days.

- January, 16 2022



5. Promote Health, Wellness and Safety

- **Supplemental Habilitation**
  - Residential Habilitation
  - Life Sharing
  - Supported Living
- **In-Home and Community Support**
- **Companion**
- **Behavioral Support**
- **Supports Broker**
- **Supports Coordination**

*Please note: See Side-by-Side/Record of Change for specifics*

- **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 HCBS**
  - **Not a substitute for services that hospital is obligated to provide**

# Waiver Services



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# Waiver Services



Homemaker services include cleaning and laundry, meal preparation, and other general household care. **Homemaker services also include infection control measures and intensive cleaning for participants whose medically complex condition requires this level of service. Infection control and intensive cleaning can include cleaning medical equipment, disinfecting the home, etc.**

**The caregiver has more than 1 child and Homemaker/Chore services would enable the caregiver to spend more time providing care to the child participant who has a medical need or disability.**



## Home Accessibility Adaptations



For participants with a medically complex condition who need home accessibility adaptations to transition from an institutional setting, the adaptations can occur no more than 180 days prior to the participant moving into their primary residence. A provider or OHCDS may not bill for home accessibility adaptations until the participant moves out of the institutional setting and into the participant's primary residence.

# Home Accessibility for Medically Complex Condition

The following home accessibility adaptations are also included for participants with a medically complex condition:

- Air conditioning if the participant has a medical need for specific temperature regulation.
- Electrical rewiring if the participant needs life-support equipment.
- Installation of specialized electric and plumbing systems that are necessary to accommodate the participant's medical equipment and supplies.
- Installation of flooring supports needed to support the weight of the participant's medical equipment.

Medical Assistance now covers home accessibility durable medical equipment used by individuals with a mobility impairment.

- Waivers can no longer cover home accessibility adaptations like ramps, lifts, stair glides
- Medical Assistance Bulletin 09-21-04
- ODP Communication 21-064



# Life Sharing

Manage or participate in the management of his or her medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, **ensuring that there is a sufficient amount of medical supplies so the participant will not be at risk of not having the supplies,** and keeping health logs and records.



New Service



# Proposed New Service! Family Medical Support Assistance

- Two Components:
  - 1. Family Support Assistant: provides assistance to individuals and their families with coordination of unpaid and waiver services
  - 2. Nursing Oversight – By a licensed nurse to do assessments, Health Risk Screening Tool Clinical Reviews, Identification of training needs, etc.

- Scheduling medical and behavioral health appointments
- Assisting with mitigating concerns;
- Directly assisting with the discharge process from a hospital, clinic, or nursing home setting with going home.
- Facilitating access to generic community services;
- Assisting with communication with insurance providers;
- Assisting in obtaining needed medication, supplies, and equipment;
- Identifying barriers that prevent participants from accessing effective and necessary medical services and supports;

- Assisting with implementation of the service plan and life course plan with the family;
- Providing training and consultative assistance on implementation of non-medical aspects of the ISP to the family or Children Youth and Family supervised family and team members; and
- Training staff supports coming into the home on non-medical aspects of the ISP and roles and responsibilities of team members of implementation of non-medical aspects of the ISP.



- Assessment of the participant's medically complex condition;
- Completion of Health Risk Screening Tool Clinical Reviews;
- Identification of training needs related to the participant's medically complex condition and providing training;
- Helping designated persons with the impact on the participant's behavioral or emotional health;
- Consulting with doctors and other healthcare professionals; and
- Supervision and evaluation of the participant's medical and/or behavioral health needs or anything that maintains the participant's best state of health.

- Nursing oversight differs from nursing available for children under the State Plan in the nature of the services provided and provider type. State Plan services provide only for direct nursing services while nursing oversight allows a nurse to train and supervise family or service providers and monitor their provision of these services.

# Overarching Information



- Family Support Assistant: may not provide this service to more than 8 participants
- Licensed Nurse: may not provide this service to more than 16 participants
- For participants who live in private homes.
  - This service is not available to participants who receive Life Sharing, Supported Living or Residential Habilitation services.
- Relatives who do not live with the participant or are not responsible for direct care of the participant may render this service.

- Nurse:
  - RN or LPN
- Family support assistants must meet one of the following:
  - A master's degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability, developmental disability, and/or autism.
  - A bachelor's degree from an accredited college or university and 2 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism.
  - An associate's degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with an intellectual disability, developmental disability, and/or autism.



Respite



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Respite

**Only children who have a medically complex condition can receive** ~~(under age 21) who have medical needs that require~~ Respite by a nurse. ~~can request a variance when the following criteria are met:~~ Any waiver participant age 21 or older who needs nursing services can receive this type of support through the Shift Nursing service.

## Proposed Changes to Limits:

- 30 units of day respite per participant **without a medically complex condition** in a period of one fiscal year,
- ~~45 30~~ units of day respite per participant **with a medically complex condition** in a period of one fiscal year

## For Medically Complex Conditions – RN or LPN

- There must be documentation showing that the RN or LPN has previous experience with serving children or adults with a medically complex condition; and
- There must be documentation that the RN or LPN has responsibility for training staff on the participant's medical care and related plans, assessing the participant's health status and is available for consultation 16 hours daily. The documentation of the RN or LPN responsibilities may be included within the agency's policy, protocol, or job description.

**Staff's following requirements prior to rendering Respite services to participants with a medically complex condition:**

- 1. Have a high school diploma or equivalent.**
- 2. Received training by a medical professional specific to the participant:**
  - a. Specialized equipment that is medically necessary for the health and safety of the participant including, but not limited to, ventilators, suction machines, other respiratory and oxygen supplying equipment, monitoring equipment, and equipment for mobility and transferring.**
  - b. Nutritional, hydration, and special diet needs;**
  - c. Fall prevention;**

- d. Risk factors and monitoring for skin integrity;**
- e. Risk factors and monitoring for urinary tract infections;**
- f. Medical plan related to elimination assistance, urinary and bowel functioning; and**
- g. Appropriate age and developmental needs of the child.**

**Nursing staff that are providing care to individuals with a medically complex condition may not engage in areas of highly specialized practice, without the required professional license.**

- **Tracheostomy;**
- **Ventilator;**
- **Suction Machines;**
- **Other respiratory and oxygen supplying equipment; or**
- **Intravenous medication.**



# Residential Habilitation

To support participants to successfully transition from a licensed Residential Habilitation service into Life Sharing or Supported Living services, two one-time per participant, Transition to Independent Living payments will be made to the provider.

- From a licensed Residential Habilitation home where 4 or fewer people reside to a Life Sharing or Supported Living service rendered by the same provider.
- 1<sup>st</sup> payment: after the new service is rendered
- 2<sup>nd</sup> payment: after participant has received 6 consecutive months of Life Sharing or Supported Living is provided and is expected to continue

## Residential Services



### Residential Habilitation, Life Sharing, and Supported Living:

**5. Providers that wish to begin providing services must successfully complete ODP's Provider Readiness Tool as determined by ODP or its designated managing entity.**

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13. Notify the ODP Regional Office and Administrative Entity(ies) within 10 business days of the hiring date of a new CEO, including an interim or acting CEO.

**14. Newly hired CEOs must complete the ODP approved Health Risk Screening Tool Orientation, Residential ISP Staffing training and Dual Diagnosis Training within 30 days of hire.**

Including a new Provider Type: **Life Sharing Agencies Serving Participants with a Medically Complex Condition & Licensed Residential Habilitation Agencies Serving Individuals with a Medically Complex Condition** - for agencies who want to provide services to individuals with a medically complex condition. This will also include:

- New provider specialty code
- New provider qualifications
- New provider standards
- New rate

**At least one staff person - Registered Nurse (RN) or Licensed Practical Nurse (LPN) with the following responsibilities:**

- **Conducting and documenting routine monitoring and assessment of the participant's health and safety in coordination with the Life Sharing Specialist/Program Specialist;**
- **Providing training to the host family/staff rendering services in coordination with the Life Sharing Specialist/Program Specialist;**
- **Overseeing access to and coordination of medical care including assisting the host family/staff with medical appointments and maintaining documentation related to health care; and**
- **Being promptly available to the host family/staff for consultation on an as needed basis.**

Agencies must meet the following standards:

- 18. Have a process to ensure that progress notes are completed monthly for children age 0 to 18.**
- 19. Have a risk/crisis plan that identifies potential risks and the strategy for risk mitigation and crisis response.**

Life Sharers/Host Families that provide LS services to participants with a medically complex condition:

- 1. Have a high school diploma or equivalent.**
- 2. Receive training by a medical professional that is specific to the participant's medical needs prior to rendering the service.**

# Remote Technology

Direct service may be provided using remote technology:

- **In-Home and Community Support**
  - Cannot be used to provide overnight or enhanced levels because direct-in person assistance is required.
- **Companion**
  - only during awake hours
  - May not be provided during overnight asleep hours
- **Communication Specialist**
- **Music and Art Therapy**
- **Therapy Services**
- **Consultative Nutritional Services**

Direct service may be provided using remote technology:

- **Supports Broker**
- **Community Participation Support**
  - may be provided in homes where the participant resides.
  - May only be rendered to a participant in a Residential Habilitation home when the participant:
    - Routinely participates in Community Participation Support services in-person outside the home; and
    - Has a medical or behavioral condition that precludes their in-person participation for a temporary period of time
- Participants may receive a maximum of 520 hours (2080 15-minute units) of direct CPS service provided using remote technology per fiscal year.



## Small Group Employment



- Small Group Employment service options include mobile work force, work station in industry, affirmative industry, and enclave. **Each of these options are delivered in integrated business, industry or community settings that do not isolate participants from others in the setting who do not have disabilities. Services must be provided in a manner that promotes engagement in the workplace and interaction between participants and people without disabilities including co-workers, supervisors, and customers, if applicable.**

# Supports Coordination



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# Supports Coordination

An SCO may become an Organized Health Care Delivery System (OHCDS) for any vendor service authorized in the participant's ISP. A participant's SCO may not own or operate providers of vendor services with which it is acting as an OHCDS. SCOs must enroll and qualify as an OHCDS and comply with all requirements regarding OHCDS in Appendix I-3-g-ii of the current approved Waivers, as well as 55 Pa. Code § 6100.803.



# Q&A

# Public Comment

- 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

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 [RAodpcomment@pa.gov](mailto:RAodpcomment@pa.gov).
2. Mail comments to Julie Mochon, Department of Human Services, Office of Developmental Programs, 625 Forster Street, Room 510, Harrisburg, PA 17120

Public comments end on 11/15/21 at 11:59PM. These comments will be reviewed and considered for revisions to the proposed waiver amendments.

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

<https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/2022-Proposed-Waiver-Amendments.aspx>.