

3. A waiver of section 1902(a)(10)(B) of the Act is requested to target waiver services to one of the select group(s) of individuals who would be otherwise eligible for waiver services:

- a. _____ aged (age 65 and older)
- b. _____ disabled
- c. _____ aged and disabled
- d. X mentally retarded
- e. _____ developmentally disabled
- f. _____ mentally retarded and developmentally disabled
- g. _____ chronically mentally ill

4. A waiver of section 1902(a)(10)(B) of the Act is also requested to impose the following additional targeting restrictions (specify):

a. X Waiver services are limited to the following age groups (specify):

Persons age 3 and above _____

b. _____ Waiver services are limited to individuals with the following disease(s) or condition(s) (specify):

c. _____ Waiver services are limited to individuals who are mentally retarded or developmentally disabled, who currently reside in general NFs, but who have been shown, as a result of the Pre-Admission Screening and Annual Resident Review process mandated by P.L. 100-203 to require active treatment at the level of an ICF/MR.

d. X Other criteria. (Specify):

Person does not reside in a community or family living home licensed under 55 Pa Code chapter 6400 or Pa Code chapter 6500.

The cost of waiver-funded home and community based services the person receives does not exceed \$20,000 per fiscal year.

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DATE: _____

5. Except as specified in item 6 below, an individual must meet the Medicaid eligibility criteria set forth in Appendix C-1 in addition to meeting the targeting criteria in items 2 through 4 of this request.
6. This waiver program includes individuals who are eligible under medically needy groups.
 - a. Yes
 - b. No
7. A waiver of §1902(a)(10)(C)(i)(III) of the Social Security Act has been requested in order to use institutional income and resource rules for the medically needy.
 - a. Yes
 - b. No
 - c. N/A
8. The State will refuse to offer home and community-based services to any person for whom it can reasonably be expected that the cost of home or community-based services furnished to that individual would exceed the cost of a level of care referred to in item 2 of this request.
 - a. Yes
 - b. No
9. A waiver of the "statewideness" requirements set forth in section 1902(a)(1) of the Act is requested.
 - a. Yes
 - b. No

If yes, waiver services will be furnished only to individuals in the following geographic areas or political subdivisions of the State (Specify):
10. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to individuals served on the waiver.
11. The State requests that the following home and community-based services, as described and defined in Appendix B.1 of this request, be included under this waiver:
 - a. Case management
 - b. Homemaker/Chore
 - c. Home health aide services
 - d. Personal care services

STATE: _____

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- e. Respite care
- f. Adult day health
- g. Habilitation
 - Residential habilitation
 - Day habilitation
 - Prevocational services
 - Supported employment services
 - Educational services
- h. Environmental accessibility adaptations
- i. Skilled nursing
- j. Transportation
- k. Specialized medical equipment and supplies
- l. Chore services
- m. Personal Emergency Response Systems
- n. Companion services
- o. Private duty nursing
- p. Family training
- q. Attendant care
- r. Adult Residential Care
 - Adult foster care
 - Assisted living

s. X Extended State plan services (Check all that apply):

- Physician services
- Home health care services
- Physical therapy services**
- Occupational therapy services**
- Speech, hearing and language services**
- Prescribed drugs
- Other (specify):

t. X Other services (specify):

- Visual/mobility therapy, Behavior therapy & Visiting nurse.**
- Adaptive appliances and equipment**
- Personal Support**

u. _____ The following services will be provided to individuals with chronic mental illness

- Day treatment/Partial hospitalization
- Psychosocial rehabilitation
- Clinic services (whether or not furnished in a facility)

12. The state assures that adequate standards exist for each provider of services under the waiver. The State further assures that all provider standards will be met.
13. A Person/Family Directed Support Plan (P/FDSP) will be developed for each individual under this waiver. This P/FDSP will describe the medical and other services and support (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each. All services and support will be furnished pursuant to the written P/FDSP. The plan will be subject to the approval of the Medicaid agency. FFP will not be claimed for waiver services furnished prior to the development of the P/FDSP. FFP will not be claimed for waiver services that are not included in the individual written P/FDSP.
14. Waiver services will not be furnished to individuals who are inpatients of a hospital, NF, or ICF/MR.

STATE: _____

DATE: _____

15. FFP will not be claimed in expenditures for the cost of room and board, with the following exception(s) (Check all that apply):
- a. X When provided as part of respite care that is not a private residence (see definition for State approved settings).
 - b. X Meals furnished as part of a program of adult day habilitation services.
 - c. When a live-in personal caregiver (who is unrelated to the individual receiving care) provides approved waiver services, a portion of the rent and food that may be reasonably attributed to the caregiver who resides in the same household with the waiver recipient. FFP for rent and food for a live-in caregiver is not available if the recipient lives in the caregiver's home, or in a residence that is owned or leased by the provider of Medicaid services. An explanation of the method by which room and board costs are computed is included in Appendix G-3.

For purposes of this provision, "board" means 3 meals a day, or any other full nutritional regimen.

16. The Medicaid agency provides the following assurances to HCFA:
- a. Necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. Those safeguards include:

STATE: _____

DATE: _____

1. Adequate standards for all types of providers that furnish services under the waiver (see Appendix B)
 2. Assurance that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver (see Appendix B). The State assures that these requirements will be met on the date that the services are furnished; and
 3. Assurance that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.
- b. The agency will provide for an evaluation of the need for a level of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services, but for the availability of home and community-based services. The requirements for such evaluations and reevaluations are detailed in Appendix D.
 - c. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, and is included in the targeting criteria included in items 3 and 4 of this request, the individual or his or her legal representative will be:
 1. Informed of any feasible alternatives under the waiver; and
 2. Given the choice of either institutional or home and community-based services.
 - d. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to persons who are not given the choice of home or community-based services as an alternative to institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice, or the provider(s) of their choice.
 - e. The average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures for the level(s) of care indicated in item 2 of this request under the State plan that would have been made in that fiscal year had the waiver not been granted.

STATE: _____

DATE: _____

- f.. The agency's actual total expenditure for home and community-based and other Medicaid services under the waiver and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred by the State's Medicaid program for these individuals in the institutional setting(s) indicated in item 2 of this request in the absence of the waiver.
- g. Absent the waiver, persons served in the waiver would receive the appropriate type of Medicaid-funded institutional care that they require, as indicated in item 2 of this request.
- h. The agency will provide HCFA annually with information on the impact of the waiver on the type, amount and cost of services provided under the State plan and on the health and welfare of the persons served on the waiver. The information will be consistent with a data collection plan designed by HCFA.
- i. The agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as HCFA may otherwise specify for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

The State conducts a single audit in conformance with the Single Audit Act of 1984, P.L. 98-502.

- a. Yes
- b. No

- 17. The State will provide for an independent assessment of its waiver that evaluates the quality of care provided, access to care, and cost-neutrality. The results of the assessment will be submitted to HCFA at least 90 days prior to the expiration of the approved waiver period and cover the first 24 months (new waivers) or 48 months (renewal waivers) of the waiver.

- a. Yes
- b. No

- 18. The State assures that it will have in place a formal system by which it ensures the health and welfare of the individuals served under the waiver, through monitoring of the quality control procedures described in this waiver document (including Appendices). Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care needs of the individuals are met.

STATE: _____

DATE: _____

Through these procedures, the State will ensure the quality of services furnished under the waiver and the State plan to persons served under the waiver. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiencies.

19. An effective date of July 1, 1999 is requested.
20. The State contact person for this request is Dana Olsen who can be reached at (717) 783-5772, or Jeanine Zlockie who can be reached at (717) 783-5773.
21. This document, together with Appendices A through G, and all attachments, constitutes the State's request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be submitted in writing by the State Medicaid agency. Upon approval by HCFA, this waiver request will serve as the State's authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

Signature: _____

Print Name: Feather O. Houstoun

Title: Secretary of Public Welfare

Date: _____

APPENDIX A- ADMINISTRATION

LINE OF AUTHORITY FOR WAIVER OPERATION

CHECK ONE:

_____ The waiver will be operated directly by the Medical Assistance Unit of the Medicaid agency.

_____ The waiver will be operated by _____, a separate agency of the State, under the supervision of the Medicaid agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

 X _____ The waiver will be operated by the State Office of Mental Retardation (OMR), a separate division within the Single State agency. OMR exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

Appendix A – Administration Attachment

All services and supports funded under this option are authorized by the County MH/MR Program pursuant to an agreement with the Department of Public Welfare, Office of Mental Retardation which establishes the County MH/MR Program’s roles and responsibilities with regard to fiscal and program administration.

The County MH/MR Program can purchase fiscal and program administrative services in accordance with the MH/MR Act of 1966 and applicable provisions of the Pennsylvania County Code. When administrative services are purchased by the county, the County MH/MR Program shall continue to retain ultimate responsibility for compliance with its agreement with the Department for the administration of waiver funded services. The County MH/MR Program shall also ensure that any purchased administrative services are established in writing pursuant to a contract or agreement. Regardless of how services are purchased, the County MH/MR Program is held responsible for adherence to all provisions of its agreement with the Department. Costs of purchased administrative services shall be paid through the Department’s allocation for County Administration of the Waiver. Waiver service funding cannot be used for these purposes.

The following administrative functions shall be retained by the County MH/MR Program as a condition of federal and state funding participation under the waiver, and shall not be approved as functions that can be purchased outside of the County MH/MR Program.

1. Signing of the county’s agreement with the Department for administration of waiver services.
2. Monitoring of assigned fiscal and program administrative services pursuant to a signed contract.
3. Determination of level care eligibility for waiver applicants and recipients.
4. Provider enrollment and certification.
5. Submission of all waiver cost and utilization reports to the Department, including cost and utilization related to HCFA 372 submissions.
6. Authorization for waiver funded services, rates and charges.
7. Compliance with Single Audit Act.
8. Signing and monitoring of all provider contracts.
9. Control for allocated funds.

STATE: _____

DATE: _____

APPENDIX B - SERVICES AND STANDARDS

APPENDIX B-1: DEFINITION OF SERVICES

The State requests that the following home and community-based services, as described and defined herein, be included under this waiver. Provider qualifications/standards for each service are set forth in Appendix B-2.

a. Case Management

Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Service Coordinators shall be responsible for ongoing monitoring of the provision of services included in the individual's plan of care.

1. Yes 2. No

Case managers shall initiate and oversee the process of assessment and reassessment of the individual's level of care and the review of plans of care at such intervals as are specified in Appendices C & D of this request.

1. Yes 2. No

Other Service Definition (Specify):

b. Homemaker/Chore:

Homemaker services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

Other Service Definition (Specify):

Chore services needed to maintain the home in a clean, sanitary and safe condition. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress, and yard maintenance. These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

c. Home Health Aide services:

Services defined in 42 CFR 440.70, with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services provided under the waiver shall be in addition to any available under the approved State plan.

Other Service Definition (Specify):

d. Personal care services:

Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. when specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care providers must meet State standards for this service.

1. Services provided by family members (Check one):

Payment will not be made for personal care services furnished by a member of the individual's family.

Personal care providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step-parent), or to an individual by that person's spouse.

Justification attached. (Check one):

_____ Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.

_____ Standards for family members providing personal care services differ from those for other providers of this service. The different standards are indicated in Appendix B-2.

2. Supervision of personal care providers will be furnished by (Check all that apply):

_____ A registered nurse, licensed to practice nursing in the State.

_____ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.

_____ Case managers

_____ Other (Specify):

3. Frequency or intensity of supervision (Check one):

___ As indicated in the plan of care

___ Other (Specify):

4. Relationship to State plan services (Check one):

- Personal care services are not provided under the approved State plan.
- Personal care services are included in the State plan, but with limitations. The waived service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.
- Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.
- Other service definition (Specify):

e. X Respite care:

- Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.
- Other service definition (Specify): See Attachment pps. 14a-b

STATE: _____

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ATTACHMENT TO DEFINITION OF RESPITE

Respite consists of services that are provided on a short-term basis because of the absence or need for relief of primary care givers.

Individuals can receive two categories of respite services under this waiver: 24 hour overnight respite and temporary respite. 24-hour overnight respite is provided in segments of 24-hour units and includes overnight care. Temporary respite is respite services provided on less than a 24-hour basis.

Federal and state funding participation under the waiver is limited to:

- services provided for persons residing in their own home or the home of a relative, friend, companion, or other family, a foster home, or a domiciliary care home.
- 30 days of 24-hour overnight respite per person in a period of one calendar year except when extended by the Regional Office of Mental Retardation in accordance with 55 PA Code Chapter 6350.16.
- Temporary respite up to the number of hours stipulated in the P/FDSP.

FFP will not be claimed for the cost of room and board except when provided as part of respite services in a facility approved by the state that is not a private residence.

Respite will be provided in the following locations(s)

- Individual's home or place of residence.
- Home of a friend or family member of the person or family.
- Foster home.
- Community home or family living home licensed under 55 PA Code chapter 6400 or 55 PA Code chapter 6500.
- Other community settings other than a nursing home, hospital, or ICF/MR meeting the qualifications indicated in Appendix B-2.
- Other community settings such as summer camp where the setting meets applicable state or local codes and the provider of services meets provider qualifications established in Appendix B-2.

Qualifications of providers are included in Appendix B-2. Applicable key amendment standards are cited in Appendix B-3.

STATE: _____

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f. X Habilitation:

X Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. This service includes:

X Residential habilitation: assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or for activities or supervision for which a payment is made by a source other than Medicaid. Documentation which shows that Medicaid payment does not cover these components is attached to Appendix G.

Services may be provided by a qualified family member or relative, independent contractor, or service agency. In the case of providers who are family members, federal and state financial participation is excluded when the provider is a parent providing services for a minor child under the age of 18 or a spouse. For other family members, federal and state financial participation is allowable only when:

- (a) the service provided is not a function which the spouse or parent would normally provide for the individual without charge as a matter of course in the usual relationship among members of the nuclear family,
- (b) The service would otherwise need to be provided by a qualified provider, and
- (c) A qualified provider who is not a family member is either not available to provide this service or can only provide the service at an extraordinarily higher cost than the fee or charge negotiated with the qualified family member.

X Day habilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the P/FDSP. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

X Prevocational services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services are aimed at preparing an individual for paid or unpaid employment. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety, **work experience and training designed to teach job related skills, as well as personal and work adjustment training designed to develop appropriate worker traits and teach an understanding of the expectations of a work environment.**

Check one:

Individuals will not be compensated for prevocational services.

X When compensated, individuals are paid at less than 50 percent of the minimum wage.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

Documentation will be maintained in the file of each individual receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)).

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DATE: _____

X Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1041(16 and 17).Documentation will be maintained in the file of each individual receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17) and

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for vocational training that is not directly related to an individual's supported employment program.

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

1. Yes 2. No

Other definition (Specify):

The State requests the authority to provide the following additional services, not specified in the statute. The State assures that each service is cost-effective and necessary to prevent institutionalization. The cost neutrality of each service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

g. Environmental accessibility adaptations, called Physical adaptations:

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home

which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

 x Other service definition (Specify): See attachment 19a.

i. Skilled nursing:

 Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.

 Other service definition (Specify):

j. x Transportation:

 Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

 X Other service definition (Specify): See page 19b.

k. Specialized Medical Equipment and Supplies:

 Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State

ATTACHMENT TO DEFINITION OF PHYSICAL ADAPTATIONS

Environmental accessibility adaptations, herein referred to as physical adaptations, consist of certain modifications to the home or personal vehicle(s) of the person which are necessary due to the person's disability. Maximum state and federal funding participation is limited to \$20,000 per household, which includes adaptations to any personal vehicles used by the person/family while residing in that household. A new \$20,000 limit can be applied when the person moves to a new home. Physical adaptations consist of installation, repair and when necessary to comply with a rental/lease agreements, return of the property to its original condition.

Physical adaptations to a household subject to funding under this waiver are limited to the following items:

- ramps from street, sidewalk or house, including portable vehicle ramps
- handrails and grab-bars in and around the home
- that part of a smoke/fire alarm or detection system adapted for individuals with sensory impairments
- outside railing from street to home
- widened doorways, landings, and hallways
- kitchen counter, major appliance, sink and cabinet modifications
- bathroom modifications for bathing, showering, toileting and person care needs
- bedroom modifications of bed, wardrobe, desks, shelving, and dressers
- workroom modifications to desks and other working areas.
- stair glider and elevating systems

Physical adaptations to household vehicles are limited to the following:

- **vehicular lifts**
- **interior alteration such as seats, head and leg rests, belts**
- **customized devices necessary for the individual to be transported safely in the community, including driver control devices.**

Minor physical adaptations which cost \$10,000 or less, or major physical adaptations costing between \$10,001 and \$20,000, may be amortized or expensed. A major adaptation shall be used within the county MH/MR program for at least five years. If the major adaptation is not used for 5 years, part of the physical adaptation(s) funded by the Department, proportionately equal to the remaining unused time in the 5 year period, shall be refunded by the County to the Department, which will in turn adjust its claim for Federal financial participation by this same amount, unless the adaptation is utilized by another waiver recipient for the remaining unused time.

All adaptations to the household shall be provided in accordance with applicable building codes. All adaptations to vehicles will be provided by qualified individuals. Durable medical equipment is excluded.

ATTACHMENT TO DEFINITION OF TRANSPORTATION

Transportation services are offered in order to enable persons to gain access to waiver and other community services and resources specified in the P/FDSP which are not provided as part of the habilitation rate paid to a provider of habilitation services. Transportation provided as part of an habilitation service consists of transportation costs between the individual’s place of residence and the site of the habilitation services, or between habilitation sites. The County MH/MR Program is responsible to ensure that there is no duplication of payment. Each provider of transportation services must have a provider agreement with County MH/MR Program for the provision of these services. Federal and state funding participation is prorated by the usage for individuals receiving waiver services when vehicles are also used for transporting individuals who do not receive waiver funding.

Transportation outside of habilitation consists of:

- prorated costs of a leased agency vehicle used in transporting the individual from his/her home to community resources which are not funded as part of the habilitation services. Purchasing of any vehicles and leasing of family or personal vehicles are excluded from Federal and State funding participation.
- insurance, maintenance, and operational costs of agency and agency staff vehicles used in the provision of services and support. These costs are prorated by the usage for individuals receiving waiver services when vehicles are also used for transporting individuals who do not receive waiver funding.
- reimbursement for mileage to transport the person to services and support specified in the P/FDSP. The rate for reimbursement cannot exceed the reimbursement rate established by the County MH/MR Program.
- reimbursement for use of emergency vehicles such as ambulances, when not covered through another funding source.

This service is offered in addition to medical transportation required under 42 C.F.R. 431.53 and transportation services under the State Plan, defined at 42. C.F.R. 440.170(a) (if applicable), and shall not replace them. Whenever possible, family, friends, neighbors, or community agencies which can provide the service without charge will be utilized.

STATE: _____

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plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

___ Other service definition (Specify):

l. ___ Chore services:

___ Other service definition

m. ___ Personal Emergency Response Systems (PERS)

___ PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

___ Other service definition (Specify):

n. ___ Adult companion services:

___ Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of

STATE: _____

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companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

___ Other service definition (Specify):

o. ___ Private duty nursing:

___ Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to an individual at home.

___ Other service definition (Specify):

p. ___ Family training:

___ Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the consumer. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home. All family training must be included in the individual's written plan of care.

___ Other service definition (Specify):

q. ___ Attendant care services:

___ Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. this service may include skilled or nursing care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity.

Supervision (Check all that apply):

___ Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the individual's written plan of care.

___ Supervision may be furnished directly by the individual, when the person has been trained to perform this function, and when the safety and efficacy of consumer-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on direct observation of the consumer and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained in the consumer's individual plan of care.

___ Other supervisory arrangements (Specify):

___ Other service definition (Specify):

r. ___ Adult Residential Care (Check all that apply):

___ Adult foster care: Personal care and services, homemaker, chore, attendant care and companion services medication oversight (to the extent permitted under State law) provided in a licensed (where applicable) private home by a principal care provider who lives in the home. Adult foster care is furnished to adults who receive these services in conjunction with residing in the home. the total number of individuals (including persons served in the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed___). Separate payment will not be made for homemaker or chore services furnished to an individual receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

___ Assisted living: Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility, in conjunction with residing in the facility. This service includes 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, or under arrangement with the community care facility, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it. Personalized care is furnished to

individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect.

Assisted living services may also include (Check all that apply):

- Home health care
- Physical therapy
- Occupational therapy
- Speech therapy
- Medication administration
- Intermittent skilled nursing services
- Transportation specified in the plan of care
- Periodic nursing evaluations
- Other (Specify)

However, nursing and skilled therapy services (except periodic nursing evaluations if specified above) are incidental, rather than integral to the provision of assisted living services. Payment will not be made for 24-hour skilled care or supervision. FFP is not available in the cost of room and board furnished in conjunction with residing in an assisted living facility.

___ Other service definition (Specify):

Payments for adult residential care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult residential care services does not include payments made, directly or indirectly, to members of the consumer's immediate family. The methodology by which payments are calculated and made is described in Appendix G.

s. X Other waiver services which are cost-effective and necessary to prevent institutionalization (Specify):

X Visual/mobility therapy, behavior therapy and visiting nurse (See attachment pps. 24 a)

X Personal support services (See attachment p.24 b)

X Adaptive appliances/equipment (See attachment p. 24c)

t. X Extended State plan services:

The following services, available through the approved State plan, will be provided, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached. Documentation of the extent of services and cost-effectiveness are demonstrated in Appendix G. (Check all that apply):

___ Physician services

___ Home health care services

X Physical therapy services

X Occupational therapy services

X Speech, hearing and language services

___ Prescribed drugs

___ Other State plan services (Specify):

STATE: _____

DATE: _____

ATTACHMENT TO DEFINITION OF THERAPY AND VISITING NURSES

Therapy and visiting nurse services are services provided by health care professionals which enable persons and families to increase or maintain their ability to perform activities of daily living. Services under this definition are not provided as an extension of State Plan Services. All providers shall be working within their scope of practice under state law. Services consist of:

- visual/mobility therapy provided by a training visual or mobility specialist/instructor based on an evaluation and recommendation by a trained mobility specialist/instructor.
- behavior therapy provided by a licensed psychologist or psychiatrist based on an evaluation by a licensed psychologist or psychiatrist.
- visiting nurse services provided by a registered nurse or a licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regimen.

The provider delivers services directly to the person and may supervise others who are assigned to assist in the administration of a particular therapeutic regimen. The therapist or visiting nurse may also assure that the family and other caregivers receive necessary training and support in accordance with the professional's scope of practice. Whenever possible, services will be provided in a manner which permits the family and other caregivers to give appropriate therapeutic support and to participate in the therapeutic.

The need for therapy or visiting nurse services is documented by a written assessment by a qualified professional which is part of the P/FDSP. Assessments of this nature are subject to federal and state funding participation as part of this service.

The County MH/MR Program is responsible to ensure that each provider meets applicable qualifications and that documentation of the provider's qualifications is maintained.

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DATE: _____

ATTACHMENT OF DEFINITION OF PERSONAL SUPPORT SERVICES

The service consists of assistance needed for the person to plan, organize, and manage community resources. Specific functions consist of:

- assistance in identifying and sustaining a personal support network of family, friends and associates.
- assistance in arranging for and effectively managing generic community resources and informal supports.
- assistance at meetings to ensure the person’s access to quality community resources.
- assistance in identifying and developing community resources to preserve the person’s well being in the home and community.

Each provider of personal support is selected by the individual. Services may be provided by a qualified family member or relative, independent contractor, or service agency. In the case of providers who are family members, federal and state financial participation is excluded when the provider is a parent providing services for a minor child under the age of 18 or a spouse. For other family members, federal and state financial participation is allowable only when:

- (a) the service provided is not a function which the spouse or parent would normally provide for the individual without charge as a matter of course in the usual relationship among members of the nuclear family,
- (b) The service would otherwise need to be provided by a qualified provider, and
- (c) A qualified provider who is not a family member is either not available to provide this service or can only provide the service at an extraordinarily higher cost than the fee or charge negotiated with the qualified family member.

The functions of this service must be provided in conjunction with targeted service management (TSM) by the County MH/MR Program. Mandated TSM functions of locating, coordinating and monitoring services are excluded from Federal and State participation under the waiver. Personal support services are different than TSM and no duplicate payments will be made. Provider standards are indicated in attachment B-2. The Department assures that services are needed to avoid institutional care and cost effective based on the cost/utilization estimates in attachment G.

STATE: _____

DATE: _____

ATTACHMENT TO DEFINITION OF ADAPTIVE APPLIANCE/EQUIPMENT

Services consist of specially designed appliances and devices needed for the person to live as independently as possible in the home and community. Services consist of adaptive eating utensils, cooking and cleaning devices, personal care items, communication devices, environment control devices, and other appliances and devices specified in the P/FDSP. Adaptive devices and appliances needed in conjunction with an extended state plan service, therapy services or visiting nurse service must be recommended by a qualified professional within the professional's scope of practice. All devices and appliances obtained in conjunction with an habilitation service must be recommended by a qualified mental retardation professional. Instruction in the use of the device or appliance must be assured. Cost of repair of adaptive equipment is included as an allowable expense reimbursable through the waiver.

The following adaptive devices and appliances are excluded from Federal and State financial participation under the waiver:

- instructional supplies, workbooks, and material used as an habilitation or training aid to the provider.
- durable medical equipment.
- home modifications and adaptations which are affixed to the individual's home.

STATE: _____

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DATE: _____

u. ___ Services for individuals with chronic mental illness, consisting of (Check one):

___ Day treatment or other partial hospitalization services (Check one):

___ Services that are necessary for the diagnosis or treatment of the individual's mental illness. These services consist of the following elements:

- a. individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law),
- b. occupational therapy, requiring the skills of a qualified occupational therapist,
- c. services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness,
- d. drugs and biologicals furnished for therapeutic purposes,
- e. individual activity therapies that are not primarily recreational or diversionary,
- f. family counseling (the primary purpose of which is treatment of the individual's condition),
- g. training and education of the individual (to the extent that training and educational activities are closely and clearly related to the individual's care and treatment), and
- h. diagnostic services.

Meals and transportation are excluded from reimbursement under this service. The purpose of this service is to maintain the individual's condition and functional level and to prevent relapse or hospitalization.

___ Other service definition (Specify):

___ Psychosocial rehabilitation services (Check one):

___ Medical or remedial services recommended by a physician or other licensed practitioner under State law, for the maximum reduction of physical or mental disability and the restoration of maximum functional level. Specific services include the following:

- a. restoration and maintenance of daily living skills (grooming, personal hygiene, cooking, nutrition, health and mental health education, medication management, money management and maintenance of the living environment);
- b. social skills training in appropriate use of community services;
- c. development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention, rather than diversion); and
- d. telephone monitoring and counseling services. The following are specifically excluded from Medicaid payment for psychosocial rehabilitation services:
 - a. vocational services,
 - b. prevocational services,
 - c. supported employment services, and
 - d. room and board.

___ Other service definition (Specify):

___ Clinic services (whether or not furnished in a facility) are services defined in 42 CFR 440.90.

Check one:

___ This service is furnished only on the premises of a clinic.

___ Clinic services provided under this waiver may be furnished outside the clinic facility. Services may be furnished in the following locations (Specify):

DATE: _____

DATE: _____

APPENDIX B-2 PROVIDER QUALIFICATIONS**A. LICENSURE AND CERTIFICATION CHART**

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, and State Administration Code is referenced by citation. Standards not addressed under uniform State citation are attached.

SERVICE	PROVIDER	LICENSURE	CERTIFICATION/ REGISTERED	OTHER STANDARD
Habilitation	Residential habilitation		Individual habilitation certificate requiring: <ol style="list-style-type: none"> 1. 18 years of age 2. Completion of necessary pre/in service training based on individual program plan 3. Agreement to carry out responsibilities to provide habilitation based on the individual program plan 4. State clearance for child abuse/criminal history 	-6 or fewer residents in unlicensed settings established prior to January 1, 1996. -4 or fewer residents in unlicensed setting established on or after January 1, 1996. -Standard of a contiguous state approved by Regional Office of MR. -domiciliary care home standards (attached) -Personal care home for 10 or fewer residents (standards attached) -Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 PA Code Chapter 6201.
Habilitation	Day habilitation	55 PA Code Chapter 2380 55 PA Code Chapter 11	Individual habilitation certificate requiring: <ol style="list-style-type: none"> 1. 18 years of age 2. Completion of necessary pre/in service training based on the individual program plan 3. Agreement to carry out responsibilities to provide habilitation based on the individual program plan 4. State clearance for child abuse/criminal history 	-Standard of a contiguous state in accordance with amendment approved by HCFA on January 6, 1989. -Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 PA Code Chapter 6201.

- All services must conform to the County MH/MR Program Fiscal Manual, 55 Pa. Code CH. 4300, and conditions of the County Grant Agreement for waiver services with the Department.

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STATE: PENNSYLVANIA

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Habilitation	Prevocational services	55 Pa. Code Chapter 2390		<p>-Standard of a contiguous state in accordance with amendment approved by HCFA on January 6, 1989.</p> <p>-Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 PA Code Chapter 6201.-</p>
Habilitation	Supported employment	55. Pa. Code Chapter 2390	<p>Individual habilitation certificate requiring:</p> <ol style="list-style-type: none"> 1. 18 years of age 2. Completion of necessary pre/in service training based on the individual program plan 3. Agreement to carry out the responsibilities to provide habilitation based on the individual program plan 	<p>-Standard of a contiguous state in accordance with amendment approved by HCFA on January 6, 1989.</p> <p>-Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 PA Code Chapter 6201.</p>

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARDS
Respite	Respite services		Individual provider certificate requiring: <ol style="list-style-type: none"> 1. 18 years of age 2. Completion of necessary pre/in service training based on the individual program plan 3. Agreement to carry out the responsibilities to provide habilitation based on the individual program plan 4. State clearance for child abuse/criminal history 	55 PA Code Chapter 6350 -Oversight provided by QMRP meeting requirements of 42 CFR 483.430 OR Targeted Service Manager pursuant to 55 PA Code Chapter 6201.

•All services must conform to the County MH/MR Program Fiscal Manual, 55 Pa. Code Ch. 4300, and conditions of the County Grant Agreement for waiver services with the Department.

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SERVICE	PROVIDER	LICENSURE	CERTIFICATION/ REGISTERED	OTHER STANDARD
Physical Therapy	Physical therapy	Licensed physical therapist Title 49 Professional and Vocational Standards-Chapter 40 State Board of Physical Therapy	<u>Registered</u> Physical Therapist Assistant (PTA) Title 49 Professional and Vocational Standards-Chapter 40 State Board of Physical Therapy	
Occupational Therapy	Occupational therapist	Licensed Occupational Therapist (OTR/L) Title 49 Professional and Vocational Standards-Chapter 42 State Board of Occupational Therapy	<u>Certification</u> Occupational Therapist Assistant (COTA/L) Title 49 Professional and Vocational Standards-Chapter 42 State Board of Occupational Therapy	
Speech/Language Therapy	Speech Therapist	Licensed Speech Language Pathologist Title 49 Professional and Vocational Standards-Chapter 45 State Board of Examiners in Speech/Language and Training	<u>Certification</u> Speech Assistant Title 49 Professional and Vocational Standards-Chapter 45 State Board of Examiners in Speech/Language and Training	

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STATE: PENNSYLVANIA

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Visiting Nurse	Visiting Nurse	Registered Nurse (RN) Licensed Practical Nurse (LPN) Title 49 Professional and Vocational Standards-Chapter 21 State Board of Nursing Certified Registered Nurse (CRNP) Title 49 Professional and Vocational Standards-Chapters 16, 17 and 18 State Board of Medicine	<u>Certification</u> Certified Registered Nurse Practitioner (CRNP) Title 49 Professional and Vocational Standards-chapter 18 State Board of Medicine and Chapter 21 State Board of Nursing	
Visual/Mobility Therapy	Visual or mobility specialist/instructor	Licensed Teacher of the Hearing Impaired Title 49 Professional and Vocational Standards-Chapter 45 State Board of Examiners in Speech/Language and Hearing	<u>Certification</u> Teacher of Special Education Teacher of the Visual Impaired, Mentally and/or Physically Handicapped, Hearing Impaired and Speech and Language Impaired PA Department of Education	Based on evaluation by a QMRP meeting requirements of 42 C.F.R. 483.430 who has recommended a specific therapy program

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SERVICE	PROVIDER	LICENSURE	CERTIFICATION/ REGISTERED	OTHER STANDARD
Behavior Therapy	Behavior Therapist	Licensed Psychologist Title 49 Professional and Vocational Standards-Chapter 41 State Board of Psychology		
Physical Adaptations		When required by local/state code	When required by local/state codes	Review and approval by QMRP (42 CFR 483.430 or Targeted Service Manager) 55 PA Code Chapter 6201
Transportation	Vendor	Current operators license for driver	Current state motor vehicle registration	Insurance coverage as required by the State Department of Transportation

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	STANDARD
Homemaker/Chore	Homemaker/Chore		Individual provider certificate requiring: <ol style="list-style-type: none"> 1. 18 years of age 2. Completion of necessary pre/in service training based on the individual program plan 3. Agreement to carry out responsibilities based on the individual program plan 4. State clearance for child abuse/ criminal history 	-Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 PA Code Chapter 6201.

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Revised 6/29/99

Revised 7/1/99

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SERVICE	PROVIDER	LICENSURE	CERTIFICATION/ REGISTERED	OTHER STANDARD
Personal Support	Personal support		Individual provider certificate Requiring: <ol style="list-style-type: none"> 1. 18 years of age 2. Completion of necessary pre/in service training based on the individual program plan 3. Agreement to carry out responsibilities based on the individual program plan 4. State clearance for child abuse/ criminal history 	-Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 PA Code Chapter 6201.

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DATE: _____

STATE: PENNSYLVANIA

SERVICE	PROVIDER	LICENSURE	CERTIFICATION/ REGISTERED	OTHER STANDARD
Adaptive Appliances/ Equipment	Adaptive Appliances/ Equipment Vendor		UL Certified	Health Care Professional Recommendation Training in use of equipment by Health Care Professional

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B. ASSURANCE THAT REQUIREMENTS ARE MET

The State assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this Appendix, tabbed and labeled with the name of the service(s) to which they apply.

When the qualifications of providers are set forth in State or Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

D. FREEDOM OF CHOICE

The State assures that each individual found eligible for the waiver will be given free choice of all qualified providers of each service included in his or her written plan of care.

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APPENDIX B-3

KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES

KEYS AMENDMENT ASSURANCE:

The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

APPLICABILITY OF KEYS AMENDMENT STANDARDS:

Check one:

- Home and community-base services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

- A copy of the standards applicable to each type of facility identified above is maintained by the Medicaid agency.

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SECTION 1915(c) WAIVER FORMAT**APPENDIX C-Eligibility and Post-Eligibility****Appendix C-1--Eligibility****MEDICAID ELIGIBILITY GROUPS SERVED**

Individuals receiving services under this waiver are eligible under the following eligibility group(s) in your State plan. The State will apply all applicable FFP limits under the plan. **(Check all that apply.)**

1. Low income families with children as described in section 1931 of the Social Security Act.
2. SSI recipients (SSI Criteria States and 1634 States).
3. Aged, blind or disabled in 209(b) States who are eligible under § 435.121 (aged, blind or disabled who meet requirements that are more restrictive than those of the SSI program).
4. Optional State supplement recipients
5. Optional categorically needy aged and disabled who have income at (Check one):
 - a. 100% of the Federal poverty level (FPL)
 - b. % Percent of FPL which is lower than 100%.
6. The special home and community-based waiver group under 42 CFR 435.217 (Individuals who would be eligible for Medicaid if they were in an institution, who have been determined to need home and community-based services in order to remain in the community, and who are covered under the terms of this waiver).

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Spousal impoverishment rules are used in determining eligibility for the special home and community-based waiver group at 42 CFR 435.217.

A. Yes B. No

Check one:

a. The waiver covers all individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community; or

b. Only the following groups of individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community are included in this waiver: (check all that apply):

(1) A special income level equal to:

300% of the SSI Federal benefit (FBR)

% of FBR, which is lower than 300% (42 CFR 435.236)

\$ _____ which is lower than 300%

(2) Aged, blind and disabled who meet requirements that are more restrictive than those of the SSI program. (42 CFR 435.121)

(3) Medically needy without spenddown in States which also provide Medicaid to recipients of SSI. (42 CFR 435.320, 435.322, and 435.324.)

(4) Medically needy without spenddown in 209(b) States.
(42 CFR 435.330)

(5) Aged and disabled who have income at:

a. 100% of the FPL

b. % which is lower than 100%.

(6) Other (Include statutory reference only to reflect additional groups included under the State plan.)

STATE: _____

DATE: _____

7. X Medically needy (42 CFR 435.320, 435.322, 435.324 and 435.330)

8. X Other

All other mandatory and optional groups under the State Plan are included.

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DATE: _____

Appendix C-2--Post-Eligibility

GENERAL INSTRUCTIONS

ALL Home and Community-Based waiver recipients found eligible under 435.217 are subject to post-eligibility calculations.

Eligibility and post-eligibility are two separate processes with two separate calculations. Eligibility determines whether a person may be served on the waiver. Post-eligibility determines the amount (if any) by which Medicaid reduces its payment for services furnished to a particular individual. By doing so, post-eligibility determines the amount (if any) for which an individual is liable to pay for the cost of waiver services.

An eligibility determination (and periodic redetermination) must be made for each person served on the waiver.

Post-eligibility calculations are made ONLY for persons found eligible under §435.217.

Post-eligibility determinations must be made for all groups of individuals who would be eligible for Medicaid if they were in a medical institution and need home and community-based services in order to remain in the community (§435.217). For individuals whose eligibility is not determined under the spousal rules (§1924 of the Social Security Act), the State must use the regular post-eligibility rules at 435.726 and 435.735. However, for persons found eligible for Medicaid using the spousal impoverishment rules, the State has two options concerning the application of post-eligibility rules:

OPTION 1: The State may use the post-eligibility (PE) rules under 42 CFR §435.726 and §435.735 just as it does for other individuals found eligible under §435.217 or;

OPTION 2: it may use the spousal post-eligibility rules under §1924.

REGULAR POST-ELIGIBILITY RULES--§435.726 and §435.735

- The State must provide an amount for the maintenance needs of the individual. This amount must be based upon a reasonable assessment of the individual's needs in the community.
- If the individual is living with his or her spouse, or if the individual is living in the community and the spouse is living at home, the State must protect an additional amount for the spouse's maintenance. This amount is limited by the highest appropriate income standard for cash assistance, or the medically needy standard. The State may choose which standard to apply.
- If the individual's spouse is not living in the individual's home, no maintenance amount is protected for that spouse's needs.

STATE: _____

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DATE: _____

- If other family members are living with the individual, an additional amount is protected for their needs. This amount is limited by the AFDC need standard for a family of the same size or by the appropriate medically needy standard for a family of the same size. The State may choose which standard to apply.

SPOUSAL POST-ELIGIBILITY--§1924

When a person who is eligible as a member of a 42 CFR 435.217 group has a community spouse, the State may treat the individual as if he or she is institutionalized and apply the post-eligibility rules of §1924 of the Act (protection against spousal impoverishment) instead of the post-eligibility rules under 42 CFR 435.726 and 435.735. The §1924 post-eligibility rules provide for a more generous community spouse and family allowance than the rules under 42 CFR 435.726 and 435.735. Spousal impoverishment post-eligibility rules can only be used if the State is using spousal impoverishment eligibility rules.

The spousal protection rules also provide for protecting a personal needs allowance (PNA) "described in §1902(q)(1)" for the needs of the institutionalized individual. This is an allowance which is reasonable in amount for clothing and other personal needs of the individual . . . while in an institution." For institutionalized individuals this amount could be as low as \$30 per month. Unlike institutionalized individuals whose room and board are covered by Medicaid, the personal needs of the home and community-based services recipient must include a reasonable amount for food and shelter as well as for clothing. The \$30 PNA is not a sufficient amount for these needs when the individual is living in the community.

Therefore, States which elect to treat home and community-based services waiver participants with community spouses under the §1924 spousal impoverishment post-eligibility rules must use as the personal needs allowance either the maintenance amount which the State has elected under 42 CFR 435.726 or 42 CFR 435.735, or an amount that the State can demonstrate is a reasonable amount to cover the individual’s maintenance needs in the community.

POST ELIGIBILITY

REGULAR POST ELIGIBILITY

1. _____ **SSI State.** The State is using the post-eligibility rules at 42 CFR 435.726. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

A. **§ 435.726**--States which **do not use more restrictive** eligibility requirements than SSI.

a. Allowances for the needs of the

1. individual: (Check one):

A. X The following standard included under the State plan (check one):

(1)___ SSI

(2)___ Medically needy

(3) X The special income level for the institutionalized

(4)___ The following percent of the Federal poverty level):___%

(5)___ Other (specify):

B. ___ The following dollar amount:
\$ _____*

* If this amount changes, this item will be revised.

C. ___ The following formula is used to determine the needs allowance:

Note: If the amount protected for waiver recipients in item 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under 42 CFR 435.217, **enter NA in items 2. and 3.** following.

2. spouse only (check one):

A. ___ SSI standard

B. ___ Optional State supplement standard

C. ___ Medically needy income standard

D. ___ The following dollar amount:
\$ _____*

STATE: _____

DATE: _____

* If this amount changes, this item will be revised.

E. ___ The following percentage of the following standard that is not greater than the standards above: ___% of ___ standard.

F. ___ The amount is determined using the following formula:

G. X Not applicable (N/A)

3. Family (check one):

A. ___ AFDC need standard

B. ___ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C. ___ The following dollar amount:

\$ ___*

*If this amount changes, this item will be revised.

D. ___ The following percentage of the following standard that is not greater than the standards above: ___ % of standard.

E. ___ The amount is determined using the following formula:

F. ___ Other

G. X Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.726.

STATE: _____

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DATE: _____

POST-ELIGIBILITY

REGULAR POST ELIGIBILITY

1.(b) **209(b) State, a State that is using more restrictive eligibility requirements than SSI.** The State is using the post-eligibility rules at 42 435.735. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

B. **42 CFR 435.735**--States **using more restrictive** requirements than SSI.

(a) Allowances for the needs of the

1. individual: (check one):

A. The following standard included under the State plan (check one):

(1) SSI

(2) Medically needy

(3) The special income level for the institutionalized

(4) The following percentage of the Federal poverty level: %

(5) Other (specify):

B. The following dollar amount:

\$ *

* If this amount changes, this item will be revised.

C. The following formula is used to determine the amount:

STATE: _____

DATE: _____

Note: If the amount protected for waiver recipients in 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under §435.217, **enter NA in items 2. and 3.** following.

2. spouse only (check one):

A. ___ The following standard under 42 CFR 435.121:

B. ___ The medically needy income standard_____;

C. ___ The following dollar amount:
\$ _____*

* If this amount changes, this item will be revised.

D. ___ The following percentage of the following standard that is not greater than the standards above: _____% of

E. ___ The following formula is used to determine the amount:

F. ___ Not applicable (N/A)

3. family (check one):

A. ___ AFDC need standard

B. ___ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C. ___ The following dollar amount:
\$ _____*

* If this amount changes, this item will be revised.

D. ___ The following percentage of the following standard that is not greater than the standards above: ___% of _____standard.

E. ___ The following formula is used to determine the amount:

F. ___ Other

G. ___ Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.735.

POST ELIGIBILITY

SPOUSAL POST ELIGIBILITY

2. ___ The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(A) Allowance for personal needs of the individual:
(check one)

(a) ___ SSI Standard

(b) ___ Medically Needy Standard

(c) ___ The special income level for the institutionalized

(d) ___ The following percent of the Federal poverty level: ___%

(e) ___ The following dollar amount
\$ ___**

**If this amount changes, this item will be revised.

(f)___ The following formula is used _____ to determine the needs allowance:

(g)___ Other (specify):

If this amount is different from the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community.

**APPENDIX D
ENTRANCE PROCEDURES AND REQUIREMENTS**

APPENDIX D-1

a. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

b. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (Check all that apply):

- Discharge planning team
- Physician (M.D. or D.O.)
- Registered Nurse, licensed in the State
- Licensed Social Worker
- Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)
- Other (Specify): _____

APPENDIX D-2

a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the individual will take place (at a minimum) according to the following schedule (Specify):

- Every 3 months
- Every 6 months
- Every 12 months
- Other (Specify):

b. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.

The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care (Specify):

- Physician (M.D. or D.O.)
- Registered Nurse, licensed in the State
- Licensed Social Worker
- Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)
- Other (Specify):

c. PROCEDURES TO ENSURE TIMELY REEVALUATIONS

The State will employ the following procedures to ensure timely reevaluations of level of care (Check all that apply):

- "Tickler" file
- Edits in computer system
- Component part of Targeted Service Management
- Other (specify):

APPENDIX D-3

a. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (Check all that apply):

- By the Medicaid agency in its central office
- By the Medicaid agency in district/local offices
- By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program
- By the case managers
- By the persons or agencies designated as responsible for the performance of evaluations and reevaluations
- By service providers
- Other (Specify):
The responsible MH/MR Program

2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

b. COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

A copy of the written assessment criteria to be used in the evaluation and reevaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix.

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

STATE: _____

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DATE: _____

Check one:

- The process for evaluating and screening diverted individuals is the same as that used for deinstitutionalized persons.
- The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Attached is a description of the process used for evaluating and screening diverted individuals. **(See below)**
The Department assures that each person admitted to receive waiver funded services will have mental retardation and meet the ICF/MR level of care.

The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Individuals who receive waiver funded home and community based services after leaving an ICF/MR (or nursing home where the individual was determined to need specialized services for mental retardation) require a current utilization review to confirm their need for an ICF/MR level of care. No other evaluation or screening is required for these individuals. To be current, the review must occur within 365 days of the individual's determination of need for ICF/MR level of care by the County MH/MR Program.

For individuals who are diverted from an ICF/MR, the Department requires a determination by an independent qualified mental retardation professional that the individual meets the standards for an ICF/MR level of care based on a current medical, psychological and social evaluation.

In all cases, the qualified mental retardation professional's evaluation and utilization review information is made available to the County MH/MR Program which makes the determination whether the individual meets the ICF/MR level of care for this waiver. In all cases, these determinations are subject to fair hearing and appeal in accordance with Department procedures.

STATE: _____

DATE: _____

ATTACHMENT TO DEFINITION OF LEVEL OF CARE ELIGIBILITY**I. LEVEL OF CARE ELIGIBILITY**

Each individual who receives home and community services funded under this 1915 (C) Waiver must be eligible for ICF/MR level of care according to criteria established by the Department and approved by the Health Care Financing Administration (HCFA).

To qualify for an ICF/MR level of care, the individual must have mental retardation **or a related condition** and require services which would be provided in an ICF/MR. **To qualify for services under this waiver, the individual must have mental retardation as defined in the Department's level of care criteria for this waiver.**

A. Determination of Mental Retardation

A determination of mental retardation requires all of the following:

1. A licensed psychologist, certified school psychologist, psychiatrist, or licensed physician who practices psychiatry to certify that the individual has significantly sub-average intellectual functioning which is documented by either:
 - a) Performance which is more than two standard deviations below the mean of a standardized general intelligence test; or
 - b) Performance which is slightly above two standard deviations below the mean of a standardized general intelligence test during a period when the person manifests serious impairments of adaptive behavior. In such situations, the burden is on the examiner to avoid misdiagnosis and to rule out such factors as emotional disorder, social conditions, sensory impairment or other variables which might account more readily for observed deficits in adaptive behavior.
2. A qualified mental retardation professional (QMRP) who meets criteria established in 42 CFR 483.430 to certify that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning which shows that the individual has either:

STATE: _____

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DATE: _____

a) Significant limitation in meeting the standards of maturation, learning, personal independence, and or social responsibility of his or her age and cultural group; or

b) Substantial functional limitation in three or more of the following areas of major life activity:

- | | |
|-----------------------------|---------------------------------|
| 1. self-care | 5. self-direction |
| 2. receptive and expressive | 6. capacity for language living |
| 3. learning | 7. economic self- |
| 4. mobility | sufficiency |

3. Documentation to substantiate that the individual has had these conditions of intellectual and adaptive functioning manifested during the developmental period which is from birth to the individual's 22nd birthday.

The results of both the standardized general intelligence test and the standardized assessment of adaptive functioning shall consist of:

- a) The clinical data and an overall score:
- b) A statement by the certifying practitioner that he results are considered valid and consistent with the person's degree of functional restriction; and
- c) A statement by the certifying practitioner as to whether the results indicate that the individual has mental retardation.

STATE: _____

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DATE: _____

B. Individual Circumstances

The requirement for a standardized general intelligence test may be waived for a person who is unable to communicate and follow directions to the extent that the use of standardized measures is precluded. In such a situation, the requirement for the standardized intelligence test shall be substituted by a written statement from a licensed psychologist, certified school psychologist, or psychiatrist that the person's inability to communicate and follow directions precludes the use of standardized measures.

The requirement for a standardized general intelligence test, and assessment of adaptive functioning may also be waived for an individual who receives 2176 Waiver services after living in an ICF/MR or after living in a nursing facility where the department has determined that the individual requires specialized services. This requirement can be waived only upon the County MH/MR Program's acceptance of a utilization review which affirms the individual's need for an ICF/MR level of care, or for individuals in a nursing facility, need for specialized services. The utilization review must be completed in accordance with 42 CFR Part 456 for individuals in ICFs/MR, or pre-admission screening and annual resident review (PASARR) requirements for individuals in nursing facilities, and be dated within 365 days prior to the County MH/MR Program's Administrative Entity's determination of need for an ICF/MR level of care.

To be considered current, a standardized general intelligence test and assessment of adaptive functioning must reflect the intellectual and adaptive behavior challenges that the individual currently faces, along with present social and psychological conditions.

Autism is a disorder which is developmental in nature and routinely requires treatment similar to that provided for persons with mental retardation or related conditions. As a result, persons with autism may be appropriate for 2176 Waiver services. Individuals with autism need to meet the same level of care criteria as other persons applying for services under the waiver. Persons with autism who do not meet level of care criteria for services under the Waiver may be eligible for services provided through other agencies such as the local office of mental health in accordance with departmental policy which is currently set forth in Mental Retardation Bulletin 00-93-29. Evaluations and assessments are to be adapted to an individual's cultural background, ethnic origin, language and means of communication, such as signing for people who are hearing impaired. The assessor will arrange for appropriate persons who are competent in these matters to assist in the evaluation process, as necessary.

APPENDIX D-4

a. FREEDOM OF CHOICE AND FAIR HEARING

1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the individual or his or her legal representative will be:
 - a. informed of any feasible alternatives under the waiver; and
 - b. given the choice of either institutional or home and community-based services.
2. The agency will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request or who are denied the service(s) of their choice, or the provider(s) of their choice.
3. The following are attached to this Appendix:
 - a. A copy of the form(s) used to document freedom of choice and to offer a fair hearing;
 - b. A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver;
 - c. A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services; and
 - d. A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

b. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:
The responsible County MH/MR Program

STATE: _____

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DATE: _____



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE

February 6, 1985

EFFECTIVE DATE

January 1, 1985

NUMBER

99-85-02

SUBJECT:

**Beneficiary Choice Under 2176
Waiver Program**

BY:

Janice House
Deputy Secretary for Mental Retardation

SCOPE:

Regional MR Commissioners
County MH/MR Administrators
State Center Superintendents MR Unit Directors
Base Service Unit Directors
DPW Headquarters Program and Administration Deputies

BACKGROUND:

The Department of Public Welfare has assured the Secretary of Health and Human Services, as a requirement for approval of its 2176 waivers, that each potential beneficiary would be offered a choice between ICF/MR and 2176 community based waiver services. The approved waivers stipulate that the County MH/MR Program, which provides waiver services will offer this choice to each potential beneficiary or his/her authorized representative, prior to placement.

As a result of recent HCFA (Health Care Financing Administration) assessments of the waiver programs in Allegheny and Philadelphia Counties, the Department has been required to expand its assurance regarding beneficiary choice and revise the current beneficiary choice form. The following policy/procedures and the attached form have been adopted by the Department to fulfill its expanded assurance requirements under the waiver.

POLICY:

The Department's policy with regard to beneficiary choice is that each potential beneficiary, or his/her authorized legal representative, under an approved 2176 waiver program will be offered the choice to receive ICF/MR or 2176 waiver services prior to placement using the form developed by the Department. Potential beneficiaries under 14 years of age may not consent without concurring consent of a parent or guardian. For the purpose of this Bulletin, a potential beneficiary is any individual eligible under an approved waiver proposal whom the County is considering for placement. However, the County is not required to offer choice when the individual is not a suitable candidate for waiver services or when there is a reasonable expectation that the cost of waiver services would be more than the cost of ICF/MR care.

(CONTINUED)

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO
Appropriate Regional Mental Retardation Commissioner

MR BULLETIN

It is also the policy of the Department that a potential beneficiary's choice, or ability to make the choice, should not be based solely on verbal expression and should take into account behavioral reactions and non-verbal expression. Whenever possible, site visits shall be arranged before the final choice is made.

PROCEDURES:

The following procedures are hereby adopted by the Department for offering beneficiary choice under the 2176 waiver program. County MH/MR Programs will be required to comply With these procedures as a condition of their annual grant agreement for 2176 waiver services. Counties which do not comply with these procedures will be subject to the sanctions indicated in the grant agreement.

1. The County (MH/MR Program) shall refer each potential beneficiary to his/her casemanager and a qualified mental retardation professional (QMRP) with a clinical background to make a joint recommendation whether the potential beneficiary can comprehend the choice between ICF/MR and 2176 waiver services. The OMRP shall not be an employee of the County MH/MR Program.
2. The QMRP and casemanager shall make a joint written recommendation to the County Administrator regarding the individual's ability to make the choice based on assessment and observation of the individual in his/her present living situation as well as during visits to community programs provided under the waiver. A copy of the recommendation, based on findings of fact together with accompanying documentation, shall be retained by the County for review by DPW and HHS representatives. Whenever possible the County shall offer potential beneficiaries the opportunity to visit community based programs and participate in community activities provided under the waiver during this phase oF the procedures. If during the process of assessing the individual it is found that he/she cannot benefit from the services under the waiver, the recommendation to the County Administrator shall indicate that the individual assessed is an unsuitable candidate for waiver services.
3. The County Administrator, or designee, shall determine in writing that the individual is able or not able to make "the choice based on the recommendation and documentation received. If the County chooses, it may request or retain legal counsel to assist in making this determination.
- 4a. If the County Administrator determines that the individual is a suitable candidate for waiver services but is not capable of making the choice and has no legal representative, the County or its representative shall refer the individual to the Orphan's Court Division of the County's Court of Common Pleas to adjudicate the competence of the person to make the choice and to appoint a temporary guardian or legal representative for the purpose of making the choice. Based on the findings of the court, the County shall authorize that beneficiary choice be offered to the individual (if adjudicated competent to make the choice), or to the individual's guardian or authorized legal representative appointed by the court.*
- 4b. If the County Administrator determines that the individual is a suitable candidate for waiver services and is able to make an informed choice in this matter, the County or its representative shall authorize that the choice be offered directly to the beneficiary without referring the individual to the court.
5. When offering beneficiary choice, the County representative shall:
 - a. describe the services available under the waiver as well as other health and/or community services for which the individual may qualify.

- b. explain that an individual who chooses the 2176 waiver option must also be determined financially eligible to receive an ICF/MR level of care and waiver services before waiver services can be rendered.
 - c. ensure that:
 - (1) the attached beneficiary choice form is signed by the beneficiary, or the authorized legal representative and that the beneficiary's (or representative's) initials, appear beside the service option selected.
 - (2) only persons who select 2176 waiver services are placed into the waiver
 - (3) individuals selecting ICF/MR services are referred to the Regional Office of Mental Retardation for assistance in locating an appropriate ICF/MR.
 - d. verify that the person signing the beneficiary choice form on behalf of the potential beneficiary has been appointed by the Court as the individual's temporary guardian or authorized legal representative.
 - e. ensure that the potential beneficiary's or representative's signature is witnessed by at least two persons, one of whom may be a County representative.
6. When completed, the County shall retain a copy of the beneficiary choice form along with supporting documentation in its files and forward a copy of the form to the community residential facility where the beneficiary is placed. The community residential facility shall retain a copy of the completed form in the client's record. Each beneficiary choice form together with supporting documentation must be retained for four (4) years after termination of waiver services for the client unless the case is involved in an unresolved audit or litigation in which situation the material shall be retained until the audit or litigation is resolved.

*The Department is in the process of developing an appropriate petition.

2176 WAIVER BENEFICIARY CHOICE FORM

1. This is to certify that the County MH/MR Program has informed the potential beneficiary (Client's Name) _____, and/or his authorized representative (Name) _____ of the right to choose between ICF/MR and community-based services under the approved 2176 waiver.

Signed: _____ Date _____
County Representative

2. This is to attest that I, (Client's Full Name) _____ or his/her authorized representative (Authorized Representative's Name,) _____ have been informed of the right to choose between ICF/MR and community-based services under the approved 2176 waiver and have selected the option indicated on the initialed line below:

a. Home and community-based waiver services _____
(initials)

b. ICF/MR _____
(initials)

Signed: _____ Date _____
Beneficiary

Signed: _____ Date _____
Authorized Representative

3. Witnesses to Beneficiary's or Representative's signature (Two witnesses are required).

Signed: _____ Date _____

Signed _____ Date _____



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE
June 10, 1987

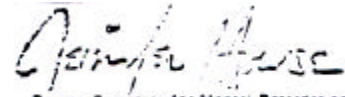
EFFECTIVE DATE
June 10, 1987

NUMBER
99-87-08

SUBJECT:

Revised Fair Hearing Procedures Related
to Services Under 2176 Waiver Program

BY:


Deputy Secretary for Mental Retardation

SCOPE:

Regional Mental Retardation Program Managers
County MH/MR Administrators
State Center Directors
Mental Retardation Unit Directors
Community Residential Facility Directors
DPW Headquarters Program and Administrative Deputies

PURPOSE:

To establish fair hearing procedures related to services under the 2176 Waiver Program.

BACKGROUND:

The Department of Public Welfare has assured the Health Care Financing Administration (HCFA), in accordance with Medicaid regulations for home and community based services, that all beneficiaries offered services under the 2176 waiver program would be informed of the feasible alternatives available under the waiver, and given the choice of either institutional or community based services. Procedures to implement this assurance, which have been approved by HCFA, are contained in MR Bulletin 99-85-02 entitled: "Beneficiary Choice Under 2176 Waiver Program.

Additional procedural requirements in the area of beneficiary choice have been made by HCFA to ensure that waiver beneficiaries have the right to a fair hearing, pursuant to 42 CFR Part 431, Subpart E. The following procedures have been adopted by the Department to meet these Federal requirements.

Revisions to the procedures initially issued on May 1, 1986 have been developed "to clarify the conditions by which a beneficiary may select a representative to act on his or her behalf in the fair hearing process. These revisions are contained on pages two and three.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Dana Olsen, Chief, Division of Residential Program Planning & Policy Development,
302 H & W Building, Harrisburg, Pa.-Telephone (717) 783-5772 (Network 8-443-5772)

GENERAL PROCEDURES:

A written notice of the right to a fair hearing shall be provided under the 2176 waiver program to ensure that:

- a. each beneficiary is offered the choice between ICF/MR and 2176 waiver services in accordance with MR Bulletin 99-85- 02.
- b. the beneficiary is not denied the service option of his/her choice.
- c. waiver services under the plan of care are not reduced, terminated or suspended without the beneficiary's consent.

For the purposes of this Bulletin, a beneficiary means a person who is being considered for 2176 waiver services or who is a recipient of waiver services. Plan of care means the plan developed by the County Program which meets the plan of care requirements specified in the approved waiver proposal.

The beneficiary's right to a fair hearing under this Bulletin does not include appeal and fair hearing rights related to the determination of a beneficiary's financial and level of care eligibility for Medical Assistance benefits. A beneficiary is separately notified in writing of the right to request a hearing when a decision is made on eligibility and when any change in eligibility occurs. The written notices of this right appear on the Form PA 162, PA 162-A, and PA 162-C, which are issued by the County Assistance Office. Any request for a hearing dealing with the area of eligibility including reduction, discontinuance and suspension of Medical Assistance benefits, should be referred to the local County Assistance Office.

BENEFICIARY REPRESENTATION RELATED TO WAIVER SERVICES

Unless the person is adjudicated incompetent and has had a guardian appointed, waiver beneficiaries have the right to represent themselves or to select another person to represent them during the fair hearing process. The person who represents the beneficiary is considered the legal representative for the purpose of this bulletin. A representative can be a trusted friend, advocate, human services worker, professional, parent or sibling selected by the beneficiary. The representative may also be free legal services or the beneficiary's personal attorney. The County MH/MR Program is responsible for informing the beneficiary concerning the location(s) where free legal services may be available, if requested.

Beneficiaries who had a temporary guardian appointed to make the choice of receiving 2176 Waiver or ICF/MR Services under MR Bulletin 99-85-02 should have the temporary guardian or a person selected by the temporary guardian as the representative unless a qualified mental retardation professional determines that the beneficiary can represent himself or herself. Reliance upon such a beneficiary's consent or choice within the fair hearing process may occur only where there is specific documentation that:

1. the individual currently possesses sufficient capacity to understand the specific choices/alternatives
2. does in fact understand those choices; and
3. has freely exercised that choice

Documentation must include the factual basis upon which a professional has made the foregoing conclusions.

If a temporary guardian was appointed whose term of guardianship has expired, and the beneficiary is not able to make an informed choice on waiver services, the County MH/MR Program should arrange with the court to extend the term of the guardianship or undergo new temporary guardianship proceedings. In these and other instances where the beneficiary is not able to make an informed choice related to waiver services, the term of temporary guardianship may be for the duration of the beneficiaries receipt of waiver services. Such an extension of time will require minor modifications in the model court petition which was provided as an attachment to MR Bulletin 99- 85-02, titled: Beneficiary Choice Under 2176 Waiver Program, issued February 6, 1985.

Beneficiaries adjudicated incompetent shall be represented by their guardian or a person the guardian selects as the representative.

PROCEDURES ON NOTIFICATION

A. Initial Notification

A representative of the County MH/MR Program shall notify the beneficiary (or representative) of the right to receive services under the waiver. This initial notification shall be made at the time the beneficiary is informed that he/she is being considered for placement into the waiver.

Initial notification shall be documented by the County's completion of the form in Attachment 1 entitled: "Beneficiary Right To Receive Services Under The 2176 Waiver Program". The original and one copy of the completed form shall be issued to the beneficiary or legal representative, together with two copies of the Department's form for notifying the beneficiary of his/her right to a fair hearing. This form, entitled: "Notice of Your Right To a Fair Hearing Under the 2176 Waiver", is contained in Attachment 2 of the Bulletin and should be explained by the county representative at the time of issuance.

The County shall retain one copy of the completed Initial Notification form for the duration of the person's placement in waiver services.

B. Advance Notification of Reduction, Termination or Suspension of Services

Unless the beneficiary has given prior consent, the County MH/MR Program shall provide the beneficiary (or representative) with an advance notice to reduce, terminate or suspend waiver services indicated in the plan of care. The advance notice shall be completed by an authorized representative of the County MH/MR Program on the form contained in Attachment 3.

The advance notice shall be sent to the beneficiary (or representative), together with the Fair Hearing Notice In Attachment 2, at his/her residential address with a copy to the beneficiary's casemanager. The Advance and Fair Hearing, Notices shall be received at the residence of the beneficiary (or representative) at least 10 days prior to the effective date of the proposed action. On receipt of the copy of the advance notice, the casemanager shall immediately contact the beneficiary to discuss the reason(s) for the action and to explain the beneficiary's right to a fair hearing under these procedures.

The County shall retain a copy of the Advance Notice for at least two years after the date the action is implemented. If implementation is postponed due to a fair hearing, the County shall retain a copy of the advance notice together with copies of the order of the Office of Hearings and Appeals for two years from the date the order takes effect.

C. Prior Consent

The County MH/MR Program shall offer beneficiaries the opportunity to give prior consent to the reduction, termination, or suspension of waiver services under the plan of care.

Where the beneficiary elects to give prior consent to the reduction, termination or suspension at services, such prior consent shall be made by the beneficiary (or representative) on a form prepared by the Department based on a meeting with an interdisciplinary team representative. At the meeting, the interdisciplinary team representative shall inform the beneficiary of the proposed action and the reasons for the action, and give the beneficiary and others present the opportunity to offer comments and suggestions. Parents, advocates and others who have an impact on the plan of care shall be invited by the interdisciplinary team to participate in the meeting.

The form for offering prior consent is provided in Attachment 4. The consent form shall be signed by the beneficiary (or representative) and dated prior to the proposed action taking effect. The original signed consent form shall be maintained as part of the beneficiary's revised plan of care. Copies of the signed consent form shall be forwarded to the County MH/MR Administrator, or designee, and to the interdisciplinary team. Revised 6/30/99

PROCEDURES ON HANDLING A REQUEST FOR FAIR HEARING

A request for fair hearing must be made by the beneficiary (or representative) on the form contained in Attachment 2. Copies of requests for a Fair Hearing must be sent to the County MH/MR Program Office within 30 days of receipt of the notice. If the written appeal is postmarked or received at the County MH/MR Program within ten days of beneficiary's receipt of notification of the proposed action, the County shall not implement the proposed action pending the result of the hearing. The County MH/MR Program shall phone the Regional MR Office within 24 hours of receipt of the request to notify the Region that a request for fair hearing has been made.

Within two days of receipt of the request for a fair hearing, the County MH/MR Program shall:

1. contact the beneficiary/or representative to determine if the appeal can be resolved informally.
2. forward a copy of the request together with the advance notice and a suggested hearing date to the Regional MR Office and the:

Department of Public Welfare
Office of Hearings and Appeal
Room 305 CAB
Harrisburg, Pennsylvania 17120

If the appeal is resolved informally before the hearing date, the County program shall notify the Regional Office of Mental Retardation and Office of Hearing and Appeals. Such notification shall be accompanied by a statement signed and dated by the beneficiary or representative that the beneficiary is withdrawing the appeal and request for a fair hearing.

If the hearing is held, the County MH/MR Program shall be available at the hearing to present evidence supporting the proposed action (e.g. notes of interdisciplinary team meetings, testimony of program staff).

Either party will have the opportunity to request reconsideration of the administrative hearing by submitting a request to the Secretary of Public Welfare of the Department or (his designee) within fifteen (15) days from the date of the order. If, request for reconsideration is filed in a timely manner, the action ordered by the Office of Hearings and Appeals will be stayed.

In view of the automatic stay, the County MH/MR Program must ascertain immediately after the 15th day whether the beneficiary has filed for reconsideration by contacting the Office of Hearings and Appeals. If no reconsideration is filed, the County shall immediately implement the order unless the case is appealed for review by Commonwealth Court and the Court grants a stay pending its decision.

OBSOLETE MATERIAL

Mental Retardation Bulletin Number 99-86-05 issued May 1, 1986 entitled: Fair Hearing Procedures Related to Services Under 2176 Waiver Program.

Attachments

**NOTICE OF YOUR RIGHT TO A FAIR HEARING
UNDER THE 2176 WAIVER PROGRAM**

COUNTY NAME _____
ADDRESS _____

You have the right to be offered the choice between receiving services in an intermediate care facility for the mentally retarded or under a Medicaid home community based waiver.

You have the right to have your choice of service granted.

You have the right to appeal any action or failure to act and to have a hearing if dissatisfied with any decision to refuse, suspend, reduce or terminate services provided to you under the 2176 Waiver program. However, you will not be granted a hearing if the action taken was caused by State or Federal law or regulations requiring a change in the type of services available under the waiver program.

At the hearing you can present to the Hearing Officer the reasons why you think the proposed action is incorrect and present evidence or a witness to support your case. You have the right to represent yourself or to have anyone represent you. A staff member of the County MH/MR Program will refer you for free legal help upon request.

If you speak a language other than English or have problems in communicating and need an interpreter, you are encouraged to bring your own interpreter to the hearing. If you are unable to provide your own interpreter, you may request help in obtaining an interpreter, but you must make that request in advance of the hearing.

If you and your representative would like to meet with the County MH/MR Program Office staff to discuss the matter informally or to present information which might change the proposed action, please call your casemanager. This will not delay or replace your fair hearing unless you stipulate in writing that you are withdrawing your appeal.

You must request a hearing within 30 days of the date of this notice. If your request is postmarked or received within 10 days of the date of this notice, the proposed action will be postponed until the outcome of the hearing.

HOW TO REQUEST A FAIR HEARING

To appeal and request a hearing, you may call your County MH/MR Program casemanager, but you must also put your appeal in writing as follows:

1. Fill out and sign one copy of this form
Give the reason for your appeal and
Give your telephone number and
Give the exact address, and
2. Mail or take this form to the County MH/MR Program
at the address on the top of the form.
Check if you need an interpreter []
What language? _____

The Office of Hearings and Appeals will hold a hearing for you either over the telephone or face-to-face. You may choose which type you want. If you do not have a telephone in your home and cannot get to one (for example, friend or relative's telephone) you may go to the telephone hearing at your local County MH/MR Program or at a site approved by the County Program. If you do not want a telephone hearing, a face-to-face hearing will be scheduled for you at the closest available location.

I WANT TO REQUEST A HEARING BECAUSE:

1. Check the reasons that apply:

a. I was not offered the choice to receive ICF/MR or 2176 Waiver Services

b. I was denied the service option of my choice.

c. Waiver services in my plan of care are being terminated, suspended or reduced without my consent.

2. Additional Information (Use additional paper if necessary)

3. Please check one box below to indicate the type of hearing you want:

I want a telephone hearing

I want a face-to-face hearing

Date Client Representative Tel. No. Date Client Signature Tel. No.

Client Representative Address

Client Address

ADVANCE NOTICE

To: Client Name _____ From: County MH/MR Program _____
 Address _____ Address _____
 _____ Telephone _____
 _____ Date _____

THIS IS TO NOTIFY YOU THAT THIS OFFICE HAS TAKEN ACTION TO:

REDUCE TERMINATE SUSPEND

2176 WAIVER SERVICES INDICATED BELOW:

- | <u>Service</u> | <u>Effective Date</u> |
|-------------------------------|-----------------------|
| 1. Residential | |
| 2. Day Program | |
| 3. Transportation | |
| 4. Specialized Therapy | |
| 5. Minor Physical Adaptations | |
| 6. Visiting Nurse | |
| 7. Other () | |

THIS ACTION HAS BEEN TAKEN BECAUSE OF THE FOLLOWING FACTS AND REGULATIONS:

_____ Date _____
 County Representative Telephone

IF YOU DO NOT UNDERSTAND OUR DECISION OR HAVE ANY QUESTIONS, CONTACT
 YOUR CASEWORKER _____ at _____
 NAME TELEPHONE

CONSENT TO REDUCTION, SUSPENSION OR TERMINATION OF SERVICES
UNDER THE 2176 WAIVER PROGRAM

Beneficiary Name: _____

Address: _____

Telephone: _____

Date: _____

TO WHOM IT MAY CONCERN:

I hereby consent to the following reduction, suspension or termination of services under my plan of care for the 2176 Waiver Program.

Type of Action Consented To: (Check One)

Reduction

Termination

Suspension

For the following service(s)

Effective Date

1. Residential

2. Day Program

3. Transportation

4. Specialized Therapy

5. Minor Physical Adaptations

6. Visiting Nurse

7. Other ()

Signed: _____
Beneficiary Date _____

Representative Date _____

APPENDIX E - PLAN OF CARE

APPENDIX E-1

a. PLAN OF CARE DEVELOPMENT

1. The following individuals are responsible for the preparation of the plans of care:

- Registered nurse, licensed to practice in the State
- Licensed practical or vocational nurse, acting within the scope of practice under State law
- Physician (M.D. or D.O.) licensed to practice in the State
- Social Worker (qualifications attached to this Appendix)
- Targeted Service Manager
- Other (specify):
County MH/MR Program

2. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify each location where copies of the plans of care will be maintained.

- At the Medicaid agency central office
- At the Medicaid agency county/regional offices
- By Targeted Service Manager
- By the agency specified in Appendix A
- By consumers
- Other (specify):
County MH/MR Program

STATE: _____

DATE: _____

1. The plan of care is the fundamental tool by which the State will ensure the health and welfare of the individuals served under this waiver. As such, it will be subject to periodic review and update. These reviews will take place to determine the appropriateness and adequacy of the services, and to ensure that the services furnished are consistent with the nature and severity of the individual's disability. The minimum schedule under which these reviews will occur is:

- Every 3 months
- Every 6 months
- Every 12 months
- Other (specify):

X All person/family-directed support must be approved by the County MH/MR Program as part of a person/family-directed support plan (P/FDSP). The County MH/MR Program is responsible to ensure that the process of P/FDSP development and implementation follow person-centered planning principles established in the Department's agreement with the County, and that voluntary supports of family and friends are fully utilized, along with generic community resources. Waiver and non-waiver funded home and community services and supports the individual needs, together with informal and generic supports and safeguards necessary to assure the person's health and safety in the community, are included as part of the P/FDSP. Person/family-directed support shall be directed to assure that each person is able to live where and with whom they want, with the home and community-based support they need.

STATE: _____

DATE: _____

APPENDIX E-2

a. **MEDICAID AGENCY APPROVAL**

The following is a description of the process by which the P/FDSP is made subject to the approval of the Medicaid agency:

The County MH/MR Program, as the agent of the Department, is responsible for approval of the P/FDSP by its authorization of home and community services. The Regional Office of Mental Retardation, which is part of the Medicaid agency, also conducts periodic reviews of County MH/MR Programs which include review of the P/FDSP.

b. **STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE**

1. The P/FDSP will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the provider which furnishes each service.
2. A copy of the P/FDSP form to be utilized in this waiver is attached to this Appendix.

STATE: _____

DATE: _____

APPENDIX F - AUDIT TRAIL

a. DESCRIPTION OF PROCESS

1. As required by sections 1905 (a) (32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.
2. As required by section 1902 (a) (27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.

3. Method of payments (check one):

Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.

Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

Other (Describe in detail):

b. BILLING AND PROCESS AND RECORDS RETENTION

1. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:

- a. When the individual was eligible for Medicaid waiver payment on the date of service;

STATE: _____

DATE: _____

- b. When the service was included in the approved plan of care (P/FDSP);
- c. In the case of supported employment, prevocational or educational services included as part of habilitation services, when the individual was eligible to receive the services and the services were not available to the individual through a program funded under section 602(16) or (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17) or section 110 of the Rehabilitation Act of 1973.

Yes

No. These services are not included in this waiver.

- 2. The following is a description of all records maintained in connection with an audit trail. Check one:

All claims are processed through an approved MMIS.

MMIS (Medical Assistance Management Information System) is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

- 3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

c. PAYMENT ARRANGEMENTS

- 1. Check all that apply:

The Medicaid agency will make payments directly to providers of waiver services.

STATE: _____

DATE: _____

___ The Medicaid agency will pay providers through the same fiscal agent used in the rest of the Medicaid program.

___ The Medicaid agency will pay providers through the use of a limited fiscal agent who functions only to pay waiver claims.

___ Providers may *voluntarily* reassign their right to direct payments to the following governmental agencies (specify):

Providers who choose not to voluntarily reassign their right to direct payments will not be required to do so. Direct payments will be made using the following method:

X Other. See page 55

2. Interagency agreement(s) reflecting the above arrangements are on file at the Medicaid agency.

Appendix G

Payment for waiver services will be made to the provider of services by the County MH/MR Program with funds made available by the Department through appropriation by the State legislature.

The County is required to make payments to providers for Waiver funded services within the amounts established in the County's waiver allocation(s) based on a cost report which serves as the provider's billing for MA eligible services.

Payments are based on individually negotiated rates or charges between the provider and the County MH/MR Program in accordance with 55 PA. Code 4300. (see enclosed)

The county is required to ensure that the billings specify the name of the individual receiving services or an alternate unique recipient identifier, the name of the MA eligible services provided during the report period and the approved rate for services. The County MH/MR Program also ensures that services reported are approved in the individual's program plan, and that the individual meets eligibility requirements.

The County consolidates the service reports, including any adjustments, and completes a Department of Public Welfare quarterly report. This quarterly report is forwarded to the Department. The report identifies separate funding eligible for FFP. The County makes adjustments to its quarterly report to the Department based on its review of provider reports and notification of exceptions by the Department.

Annual reports are submitted by the County to the Department for waiver services following the close of each fiscal year. These reports reflect actual service costs and utilization reported by providers. Final reconciliation is contingent on receipt of actual provider audited costs, with any subsequent final adjustments made in the following year's reports. The annual reports are prepared in accordance with instructions and on forms provided by the Department.

Annual audits of County MH/MR programs and providers of service are in accordance with the Single Audit Act. Additional payment and fiscal safeguards are contained in the County's Annual Agreement with the Department.

The provider of service preserves books, documents, and records related to MA eligible services for three years after the MA eligible services are furnished.

STATE: _____

-55-

DATE: _____

APPENDIX G - FINANCIAL DOCUMENTATION

**APPENDIX G-1
COMPOSITE OVERVIEW
COST NEUTRALITY FORMULA**

INSTRUCTIONS: Complete one copy of this Appendix for each level of care in the waiver. If there is more than one level (e.g. hospital and nursing facility), complete a Appendix reflecting the weighted average of each formula value and the total number of unduplicated individuals served.

LEVEL OF CARE: ICF/MR

YEAR	FACTOR D	FACTOR D'	FACTOR G	FACTOR G'
1	<u>7,497</u>	<u>3,532</u>	<u>89,796</u>	<u>2,655</u>
2	<u>14,706</u>	<u>3,673</u>	<u>93,388</u>	<u>2,761</u>
3	<u>14,706</u>	<u>3,820</u>	<u>97,123</u>	<u>2,872</u>
4	_____	_____	_____	_____
5	_____	_____	_____	_____

STATE: _____

DATE: _____

FACTOR C: NUMBER OF UNDUPLICATED INDIVIDUALS SERVED

YEAR UNDUPLICATED INDIVIDUALS

1	<u>3382</u>
2	<u>3448</u>
3	<u>3448</u>
4	_____
5	_____

EXPLANATION OF FACTOR C:

Check one:

The State will make waiver services available to individuals in the target group up to the number indicated as factor C for the waiver year.

The State will make waiver services available to individuals in the target group up to the lesser of the number of individuals indicated as factor C for the waiver year, or the number authorized by the State legislature for that time period.

The State will inform HCFA in writing of any limit which is less than factor C for that waiver year.

STATE: _____

DATE: _____

**APPENDIX G-2
METHODOLOGY FOR DERIVATION OF FORMULA VALUES**

FACTOR D

LOC:

The July 25, 1994 final regulation defines Factor D as:

"The estimated annual average per capita Medicaid cost for home and community-based services for individuals in the waiver program."

The demonstration of Factor D estimates is on the following pages.

STATE: _____

DATE: _____

APPENDIX G-2

FACTOR D

LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1 X 2__ 3__ 4__ 5

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
1. Habilitation				
Residential	2,162	130 days	\$32.20	*\$9,050,499
Day	1,100	99 days	\$28.00	\$3,049,200
Prevocational	1,780	99 days	\$26.00	\$4,581,720
Supported Employment	400	99 days	\$22.00	\$ 871,200
2. Respite	1,691	48 hrs.	\$35.00	\$2,840,880
3. Physical Adaptations	507	1	\$1,254	\$635,778
4. Physical Therapy	253	63 Quarter Hours.	\$15/Qtr.hr.	\$239,085
5. Occupational Therapy	253	63 Quarter Hours.	\$15/Qtr.hr.	\$239,085
6. Behavioral Therapy	253	63 Quarter Hours	\$15/Qtr.hr.	\$239,085
7. Visiting Nurse	256	63 Quarter Hours	\$15/Qtr.hr.	\$241,920
8. Visual/Mobility Therapy	253	63 Quarter Hours	\$15/Qtr.hr.	\$239,085
9. Speech/Language Therapy	253	63 Quarter Hours	\$15/Qtr.hr.	\$239,085
10. Transportation	1,325	130 Hours	\$9.64	*\$1,660,932

*Rounded

AVERAGE LENGTH OF STAY: 170 days

STATE: _____

DATE: _____

APPENDIX G-2
FACTOR D
LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1 X 2 3 4 5

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
11. Homemaker/Chore	150	50 hours	10.00/hr.	\$75,000
12. Personal Support	825	26 hours	\$30.00/hr.	\$643,500
13. Adaptive Appliances/ Equipment	1,691	1 unit	\$300.00	\$507,300
GRAND TOTAL (sum of Column E):				\$25,353,354
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:				3,382
FACTOR D (Divide total by number of recipients):				\$7,497

AVERAGE LENGTH OF STAY: 170 days

STATE: _____

DATE: _____

APPENDIX G-2

FACTOR D

LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1__ 2 X 3__ 4__ 5

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
1. Habilitation				
Residential	2,220	260 days	\$32.20	*\$18,582,492
Day	1,040	198 days	\$28.00	\$ 5,765,760
Prevocational	1,840	198 days	\$26.00	\$ 9,472,320
Supported Employment	480	198 days	\$22.00	\$ 2,090,880
2. Respite	1,691	96 hrs.	\$35.00	\$5,681,760
3. Physical Adaptations	507	1	\$1,254	\$635,778
4. Physical Therapy	253	122 Quarter Hours	\$15/Qtr.hr.	\$462,990
5. Occupational Therapy	253	122 Quarter Hours	\$15/Qtr.hr.	\$462,990
6. Behavioral Therapy	253	122 Quarter Hours	\$15/Qtr.hr.	\$462,990
7. Visiting Nurse	256	122 Quarter Hours	\$15/Qtr.hr.	\$468,480
8. Visual/Mobility Therapy	253	122 Quarter Hours	\$15/Qtr.hr.	\$462,990
9. Speech/Language Therapy	253	122 Quarter Hours	\$15/Qtr.hr.	\$462,990
10. Transportation	1,325	260 Hours	\$9.64	*\$3,321,864

*Rounded

AVERAGE LENGTH OF STAY: 300 days

STATE: _____

DATE: _____

APPENDIX G-2

FACTOR D

LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1__ 2_ X 3__ 4__ 5

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
11. Homemaker/Chore	150	100 hours	\$10.00/hr.	\$ 150,000
12. Personal Support	825	48 hours	\$30.00/hr.	\$1,188,000
13. Adaptive Appliances/ Equipment	1,724	1 unit	\$600.00	\$1, 034,400
GRAND TOTAL (sum of Column E):				\$50,706,684
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:				3,448
FACTOR D (Divide total by number of recipients):				\$14,706

AVERAGE LENGTH OF STAY: 170 days

STATE: _____

DATE: _____

APPENDIX G-2

FACTOR D

LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1__ 2__ 3_x 4__ 5__

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
1.Habilitation				
Residential	2,220	260 days	\$32.20	*\$18,582,492
Day	1,040	198 days	\$28.00	\$ 5,765,760
Prevocational	1,840	198 days	\$26.00	\$ 9,472,320
Supported Employment	480	198 days	\$22.00	\$ 2,090,880
2. Respite	1,691	96 hrs.	\$35.00	\$5,681,760
3. Physical Adaptations	507	1	\$1,254	\$635,778
4. Physical Therapy	253	122 Quarter Hours	\$15/Qtr.hr.	\$462,990
5. Occupational Therapy	253	122 Quarter Hours	\$15/Qtr.hr.	\$462,990
6. Behavioral Therapy	253	122 Quarter Hours	\$15/Qtr.hr.	\$462,990
7. Visiting Nurse	256	122 Quarter Hours	\$15/Qtr.hr.	\$468,480
8. Visual/Mobility Therapy	253	122 Quarter Hours	\$15/Qtr.hr.	\$462,990
10. Speech/Language Therapy	253	122 Quarter Hours	\$15/Qtr.hr.	\$462,990
10. Transportation	1,325	260 Hours	\$9.64	*\$3,321,864

*Rounded

AVERAGE LENGTH OF STAY: 300 days

APPENDIX G-2

FACTOR D

LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1__ 2__ 3_x 4__ 5__

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
11. Homemaker/Chore	150	100 hours	10.00/hr.	\$ 150,000
12. Personal Support	825	48 hours	\$30.00/hr.	\$1,188,000
13. Adaptive Appliances/ Equipment	1,724	1 unit	\$600.00	\$1,034,400
GRAND TOTAL (sum of Column E):				\$50,706,684
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:				3,448
FACTOR D (Divide total by number of recipients):				\$14,706

AVERAGE LENGTH OF STAY: 170 days

STATE: _____

DATE: _____

APPENDIX G-3
METHODS USED TO EXCLUDE PAYMENTS FOR ROOM AND BOARD

The purpose of this Appendix is to demonstrate that Medicaid does not pay the cost of room and board furnished to an individual under the waiver.

- A. The following service(s), other than respite care*, are furnished in residential settings other than the natural home of the individual(e.g., foster homes, group homes, domiciliary care certified homes, supervised living arrangements, assisted living facilities, personal care homes, or other types of congregate living arrangements). (Specify):

Person/family directed support, transportation, therapy and visiting nurse and physical adaptations.

*NOTE: FFP may be claimed for the cost of room and board when provided as part of respite care in a Medicaid certified NF or ICF/MR, or when it is provided in a foster home or community residential facility that meets State standards specified in this waiver.)

- B. The following service(s) are furnished in the home of a paid caregiver. (Specify):

Person/family directed support, therapy and visiting nurse, respite and physical adaptations .

The following is an explanation of the method used by the State to exclude Medicaid payment for room and board.

Room and board is paid in accordance with 55 Pa. Code, Chapter 6200, titled: Room and Board Charges. (See enclosed)

**APPENDIX G-4
METHODS USED TO MAKE PAYMENT FOR RENT AND FOOD EXPENSES OF AN
UNRELATED LIVE-IN CAREGIVER**

Check one:

- _____ The State will not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who lives with the individual(s) served on the waiver.
- _____ The State will reimburse for the additional costs of rent and food attributable to an unrelated live-in personal caregiver who lives in the home or residence of the individual served on the waiver. The service cost of the live-in personal caregiver and the costs attributable to rent and food are reflected separately in the computation of factor D (cost of waiver services) in Appendix G-2 of this waiver request.

Attached is an explanation of the method used by the State to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver.

See Attachment: Room and board is paid in accordance with 55 Pa. Code, Chapter 6200, titled: Room and Board Charges.

STATE: _____

DATE: _____

APPENDIX G-5

FACTOR D'

LOC: ICF/MR

NOTICE: On July 25, 1994, HCFA published regulations which changed the definition of factor D'. The new definition is:

"The estimated annual average per capita Medicaid cost for all other services provided to individuals in the waiver program."

Include in Factor D' the following:

The cost of all State plan services (including home health, personal care and adult day health care) furnished in addition to waiver services **WHILE THE INDIVIDUAL WAS ON THE WAIVER.**

The cost of short-term institutionalization (hospitalization, NF, or ICF/MR) which began **AFTER** the person's first day of waiver services and ended **BEFORE** the end of the waiver year **IF** the person returned to the waiver.

Do NOT include the following in the calculation of Factor D':

If the person did NOT return to the waiver following institutionalization, do NOT include the costs of institutional care.

Do NOT include institutional costs incurred **BEFORE** the person is first served under the waiver in this waiver year.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor D'.

APPENDIX G-5

FACTOR D' (cont.)

LOC: ICF/MR

Factor D' is computed as follows (check one):

Based on HCFA Form 2082 (relevant pages attached).

Based on HCFA Form 372 for years 1996/1997 of waiver # 0147.90, which serves a similar target population.

Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.

Other (specify):

See attached memorandum for SSI recipients. Total cost divided by recipients is multiplied by 1.05% for COLA.

APPENDIX G-6

FACTOR G

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor G as:

"The estimated annual average per capita Medicaid cost for hospital, NF, or ICF/MR care that would be incurred for individuals served in the waiver, were the waiver not granted."

Provide data ONLY for the level(s) of care indicated in item 2 of this waiver request.

Factor G is computed as follows:

- Based on institutional cost trends shown by HCFA Form 2082 (relevant pages attached). Attached is an explanation of any adjustments made to these numbers.
- Based on trends shown by HCFA Form 372 for years 1996-1997 of waiver #0147.90, which reflect costs for an institutionalized population at this LOC. Attached is an explanation of any adjustments made to these numbers.
- Based on actual case histories of individuals institutionalized with this disease or condition at this LOC. Documentation attached (see prior page attachment for 11 ICF/MR recipients).
- Based on State DRGs for the disease(s) or condition(s) indicated in item 3 of this request, plus outlier days. Descriptions, computations, and an explanation of any adjustments are attached to this Appendix.
- Other (specify):

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G.

APPENDIX G-7

FACTOR G'

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor G' as:

"The estimated annual average per capita Medicaid costs for all services other than those included in Factor G for individuals served in the waiver, were the waiver not granted.

Include in Factor G' the following:

The cost of all State plan services furnished WHILE THE INDIVIDUAL WAS INSTITUTIONALIZED.

The cost of short-term hospitalization (furnished with the expectation that the person would return to the institution) which began AFTER the person's first day of institutional services.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G'.

APPENDIX G-7

FACTOR G'

LOC: ICF/MR

Factor G' is computed as follows (check one):

- Based on HCFA Form 2082 (relevant pages attached).
- Based on HCFA Form 372 for years 1996-1997 of waiver #0147.90, which serves a similar target population.
- Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.
- Other (specify):

STATE: _____

DATE: _____

APPENDIX G-8

DEMONSTRATION OF COST NEUTRALITY

LOC: ICF/MR

YEAR 1

FACTOR D: \$7,497 FACTOR G: \$89,796

FACTOR D': 3,532 FACTOR G': 2,655

TOTAL: 11,029 < TOTAL: 92,451

YEAR 2

FACTOR D: \$14,706 FACTOR G: \$93,388

FACTOR D': 3,673 FACTOR G': 2,761

TOTAL: 18,379 < TOTAL: 96,149

YEAR 3

FACTOR D: \$ 14,706 FACTOR G: \$97,123

FACTOR D': 3,820 FACTOR G': 2,872

TOTAL: 18,526 < TOTAL: 99,995

STATE: _____

DATE: _____