



2021 CHC WAIVER AMENDMENT

**Managed Long-Term Services and Supports Subcommittee Meeting
January 5, 2021**

CHC 1915(c) WAIVER AMENDMENT

Amendment effective January 1, 2021. Approved by CMS on December 22, 2020.

Purpose of the Amendment:

- Revise service definitions, service limitations and/or provider qualifications for several CHC waiver services.
- Add clarifying language to the waiver based on feedback from stakeholders.
- Amend the responsibilities of the Fiscal/Employer Agent.
- Update Electronic Visit Verification (EVV) information.
- Revise waiver performance measures.

PUBLIC NOTICE AND COMMENTS

- Public Notice published in the *Pennsylvania Bulletin* on July 25, 2020 announcing the availability of amendment documents.
- Public comment period from July 25, 2020 through August 24, 2020.
- OLTL received nearly 200 comments on the proposed waiver amendments.
- The waiver document published on the Department's website contains a summary of all public comments with OLTL's responses.
 - The waiver document is located on the Department of Human Services website [here](#) under the Waiver Application heading.



SERVICE DEFINITIONS

ASSISTIVE TECHNOLOGY

➤ Proposed and Final

- Add language to support the use of smart home technology such as tablets, electronic communication devices and hubs.
- Add language to exclude items primarily for a recreational or diversionary nature.
- Add Certified Assistive Technology Professional to conduct the independent evaluation.
- New provider type of Equipment, Technology and Modifications Agency that can supply smart home technology.

➤ Proposed but Modified

- Removed that Assistive Technology is for the participant's specific therapeutic purpose.
- Replaced with Assistive Technology is used to ensure the health, welfare, independence or safety of the participant.

COGNITIVE REHABILITATION THERAPY SERVICES

➤ Proposed and Final

- Modify the service description for clarity.

➤ Proposed but Modified

- Removed requirement for an independent neuropsychological or neurobehavioral assessment to receive this service.
- Replaced with the requirement that “an individual seeking CRT services is required to have a treatment plan developed by the provider. The plan must include the participant’s goals, frequency and duration of service and must be submitted to the CHC-MCO. The participant’s goals must be reviewed by the provider and progress submitted to the CHC-MCO quarterly.”

➤ Proposed but Not Adopted

- Licensed Certified Occupational Therapy Assistants (COTA/L) may provide this service.

COMMUNITY TRANSITION SERVICES

➤ Proposed and Final

- Remove Service Coordinator as a provider type since service coordination is an administrative function of the CHC-MCO.
- Expand provider type of Independent Vendor to include Landlords, Utility Companies and Retail Establishments.
- The service is intended for individuals moving from an institution **or other provider-operated arrangement** to a private residence **where they are responsible for their own living expenses.**

➤ Proposed but Not Approved

- If the security deposit payment also requires payment of the first month's rent to obtain a lease on an apartment, home, or community living arrangement, the first month's rent is a permissible expenditure under Community Transition Services.

COMMUNITY TRANSITION SERVICES

➤ Proposed but Modified

Proposed

- The CHC-MCO pays individual providers, such as landlords, utility companies, service agencies, furniture stores, and other retail establishments for the identified items.
- Community Transition Services include only those non-recurring set-up expenses incurred during the 180 days prior to discharge from a nursing facility or hospital or another provider-operated living arrangement to a community living arrangement or during the period following such a transition during which the participant is establishing his or her living arrangement.

Final Approved

- The CHC-MCO pays individual **vendors**, such as landlords, utility companies, service agencies, furniture stores, and other retail establishments for the identified items.
- Community Transition Services include only those non-recurring set-up expenses incurred during the 180 **consecutive** days prior to discharge from a nursing facility or hospital or another provider-operated living arrangement to **an apartment or home in a private residence where the person is directly responsible for his or her own living expenses.**

COMMUNITY TRANSITION SERVICES

➤ Additional Changes Requested by CMS

- Community Transition Services may be used to pay the necessary expenses for an individual to establish his or her basic living arrangement and to move into that arrangement. The following are categories of expenses that may be incurred:
 - Equipment, essential furnishings and initial supplies. Examples—e.g. household products, dishes, chairs, tables;
 - Moving Expenses;
 - Security deposits or other such one-time payments that are required to obtain or retain a lease on an apartment, home or community living arrangement;
 - Set-up fees or deposits for utility or service access, Examples – e.g. telephone, electricity, heating;
 - Items for personal and environmental health and welfare (Examples –personal items for inclement weather, allergen control, one-time cleaning prior to occupancy.)

Final Approved Language

- Community Transition Services may be used to pay the necessary expenses for an individual to establish his or her basic living arrangement and to move into that arrangement. The following are **allowable** expenses that may be incurred:
 - Essential furnishings and initial supplies such as a bed, a table, chairs, window blinds, eating utensils, and food preparation items;
 - Moving Expenses;
 - **Security deposits that are required to obtain or retain a lease on an apartment or home;**
 - Set-up fees or deposits for utility or service access, Examples – telephone, electricity, heating;
 - **Services necessary for the participant's health and safety such as one-time cleaning and allergen control.**

HOME ADAPTATIONS

➤ Proposed and Final

- Independent evaluation by an occupational therapist or a physical therapist may be supplemented with an assessment by individuals holding the following certifications and two years experience:
 - Certified Environmental Access Consultant (C.E.A.C.),
 - Certified Living in Place Professional (CLIPP), or
 - Executive Certificate in Home Modifications.
- Remove speech, hearing and language therapist to conduct the independent evaluation.
- Contractor must ensure dwelling is structurally sound and can accommodate the proposed modification prior to commencing any modifications.
- Contractors must be conflict free and cannot have a vested interest in the property being modified.
- Other contractor requirements added to ensure compliance with the Americans with Disabilities Act and experience with accessibility modifications.

HOME ADAPTATIONS

➤ **Proposed and Final (continued)**

- Adaptations will not be approved if home is in foreclosure, delinquent tax status, is not structurally sound, or the adaptation presents a safety concern based on applicable state and local building codes.
- Rent-to-purchase vertical lifts and stair glides may be rented as long as the rental cost does not exceed the purchase price.
- Added to the list of items that are covered by the state plan, including wheelchair lifts, stair glides, ceiling lifts, and metal ramps. (Pending CMS Approval of state plan)

➤ **Proposed but Not Adopted**

- Will not allow duplicate adaptations or elevator installation, repair or maintenance.
 - OLTL will continue to allow these types of modifications.

HOME ADAPTATIONS

➤ Proposed but Modified

Proposed

Home Adaptations may only be funded through the waiver when the services are not covered by a responsible third-party, such as Medicare or private insurance, and when all other payors and community resources, **such as local fire departments, churches, and civic organizations** have been exhausted.

Final Approved

Home Adaptations may only be funded through the waiver when the services are not covered by a responsible third-party, such as Medicare or private insurance, and when all other payors and community resources have been exhausted.

NUTRITIONAL CONSULTATION & EMPLOYMENT SERVICES

➤ Proposed and Final – Nutritional Consultation

- Service Definition modified to remove duplicate language.
- Individuals working for a Home Health Agency must be a registered dietician or a certified nutrition specialist.

➤ Proposed and Final – Employment Services

- Vocational Rehabilitation Counselors may provide Career Assessment, Job Coaching and Job Finding services.

PERSONAL ASSISTANCE SERVICES

➤ Proposed and Final

- Clarify PAS workers living in the same residence as the participant cannot be paid to perform household chores unless completed solely to benefit the participant.

➤ Proposed but Modified

- Clarify how and when transportation may be provided by the PAS worker and how the costs associated with the transportation are covered.
 - Removed language that intended to clarify that the rate for agency-directed PAS already included reimbursement for mileage and parking fees for personal assistance workers who use their own car to transport participants.

PERSONAL ASSISTANCE SERVICES

➤ Proposed but Modified

Proposed

PAS may include assistance with the following activities when incidental to PAS and necessary to complete activities of daily living:

- Activities that are incidental to the delivery of PAS to assure the health, welfare and safety of the participant such as changing linens, doing the dishes associated with the preparation of a meal, laundering of towels from bathing may be provided and must not comprise the majority of the service.
- Accompanying the participant into the community for purposes related to PAS, such as shopping in a grocery store, picking up medications and providing assistance with any of the activities noted above to enable the completion of those tasks, and to enable the participant to work and to otherwise engage in activities in the community.

Final Approved

PAS may include assistance with the following activities when incidental to PAS and necessary to complete activities of daily living:

- **Accompanying the participant into the community for purposes related to PAS, such as shopping in a grocery store, picking up medications and providing assistance with any of the activities noted above to enable the completion of those tasks, and to enable the participant to work and to otherwise engage in activities in the community.**
- **Homemaker tasks** that are incidental to the delivery of PAS to assure the health, welfare and safety of the participant such as changing linens, doing the dishes associated with the preparation of a meal, laundering of towels from bathing may be provided and must not comprise the majority of the service.

PERSONAL ASSISTANCE SERVICES

➤ Additional Changes

Original Language

- **Activities that are incidental to the delivery of Personal Assistance Services** are provided only when neither the participant 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 payer** is capable of or responsible for their provision.

Final Approved

- **Homemaker tasks** are provided only for the participant and not for other household members, and only when neither the participant nor anyone else in the household, **relative or informal caregiver is available, willing and able to perform such activities for the participant** and where no community/volunteer agency or third-party payer is capable or responsible for their provision.

PARTICIPANT-DIRECTED

- **Proposed but Modified – Participant-Directed Community Supports**
 - Service definition modified to align language with the Personal Assistance Services since the services are similar.
 - ❖ This change includes the language changes seen on the two previous PAS slides.

- **Proposed and Final – Participant-Directed Goods and Services**
 - Provider type expanded to include Individual Vendors, Businesses and Independent Contractors

PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)

➤ Proposed and Final

- Update the service description to include newer technology.
- Define what constitutes a unit of service: A one-time installation fee or a monthly monitoring fee.
- Clarify allowable costs under the PERS service definition:
 - The cost of training participants is included in the charges for installation or the monthly monitoring fee,
 - The maximum units per calendar year shall be one initial installation fee and 12 months of monthly monitoring service.
 - The provider may not charge any additional costs over and above the installation and monthly monitoring fees.

THERAPIES AND COUNSELING SERVICES

➤ Proposed and Final:

- The following services are provided at a 1:1 ratio:
 - Behavior Therapy Services,
 - Cognitive Rehabilitation Therapy Services,
 - Occupational Therapy Services,
 - Physical Therapy Services, and
 - Speech and Language Therapy Services.
- Counseling Services do not include group counseling services for more than one participant.

SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES & VEHICLE MODIFICATIONS

➤ Proposed and Final – Specialized Medical Equipment and Supplies

- A Certified Assistive Technology Professional may complete an assessment as necessary.

➤ Proposed and Final – Vehicle Modifications

- Must be obtained in the least expensive, most cost-effective manner.
- The breakdown of purchase price of a vehicle versus adaptation is provided by a vehicle modifications contractor.

OTHER CHANGES

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➤ Proposed and Final

- **Appendix E**

- Amend the responsibilities of the Fiscal/Employer Agent by removing the requirement for a Support Broker. (The duties designated to the Support Broker are being conducted by the F/EA and Service Coordinators.)

- **Performance Measures**

- Remove the Outreach and Education Vendor performance measure. (The contract ended after CHC Phase 3 implementation.)
- Add a performance measure for participant preventive care visits.

➤ Not Adopted

- **Support Service Providers (SSP)**

- MCOs are required to provide supportive services to individuals in CHC who are deafblind, regardless of whether the person is eligible for the waiver.
- MCOs contract either through a PAS provider or other individual or agency to obtain SSP services.

2021 CHC WAIVER AMENDMENT

Questions or Comments?