

Changes to the CHC Waiver Effective January 1, 2025 (Renewal)

KEY – **Bold** = Recommended additions
Strikethrough = Recommended removal

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
1.	Main Module: Additional Needed Information	N/A	<p>TELESERVICES Teleservices are the delivery of direct services using remote technology. The following direct services may be rendered via teleservices:</p> <ul style="list-style-type: none"> • Cognitive Rehabilitation Therapy Services • Counseling Services <p>Participants must have an informed choice to receive direct services in-person or via teleservices. Teleservices may only occur when the Person-Centered Planning team determines that using remote technology is the most appropriate service delivery method to meet the participant’s needs (including health and safety needs) and goals. This determination must be based on consideration of all of the following:</p> <ul style="list-style-type: none"> • Service delivery complies with the requirements in the service definition, OLTL policies, and regulations. • Teleservices must be provided by means that allow for live two-way communication with the participant, no recording of the interaction shall be captured. Live video or audio transmission is only allowable to persons designated by the participant and designated staff 	Adding Teleservice delivery to the waiver.

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			<p>employed by the provider responsible for direct service delivery. Providers can call participants over the phone as an incidental component of teleservices to check-in with participants as allowed in the service definition or in emergency circumstances when all other criteria are met. Monitoring of devices is not allowable under teleservices.</p> <ul style="list-style-type: none"> • The provider has explained to the participant and everyone else residing in the home the impact that teleservices will have on their privacy. <ul style="list-style-type: none"> ○ The use of live video communication devices in bathrooms is strictly prohibited as part of teleservices. ○ It is allowable for staff to provide live audio prompts needed by the participant in bathrooms and bedrooms as part of teleservices. The participant must be alerted prior to the activation of any audio communication device unless the participant turns on the audio communication device themselves. ○ Live real time video communication between the participant and a staff person as part of teleservices may only occur in a participant's bedroom 	

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			<p>when all of the following are met:</p> <ul style="list-style-type: none"> - The participant has chosen to receive teleservices in their bedroom due to a medical condition which makes it difficult or impossible for them to leave their bedroom to receive services in another room in the house or the participant would like privacy from others in the home (family, housemates, etc.) during the receipt of services; - The participant turns the video communication device on and off themselves or requests assistance in turning the video communication device on and off; - The participant does not share a bedroom with others; and - Service delivery via video communication will not be performed as part of any activity during which privacy would generally be expected (while a participant is in a state of undress, during sexual activities, etc.). 	

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			<ul style="list-style-type: none"> ○ All live real time audio and video communication devices used to render teleservices in any part of the home or community must include indicators that let the participant know that the equipment is on and operating in audio or video mode. • How teleservices will support community integration. • How teleservices will promote improved health and welfare. • The request to use teleservices was initiated by a request from the participant and/or the family/representative when appropriate, and not the provider. • How the participant's need for in-person support during service provision will be met. • The provider, in conjunction with the Person Center Planning team, has developed a back-up plan that will be implemented should there be a problem with the technology. <p>The provider is responsible for ensuring that any technology used to render teleservices are HIPAA compliant and that the delivery of teleservices has been reviewed and accepted by the HIPAA compliance officer. The provider is also responsible for providing initial and ongoing training and support to the</p>	

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			<p>participant, and anyone designated by the participant, regarding the operation of the technology used during teleservices, including turning it on and off at-will.</p>	
2.	Appendix C-1/C-3 Service Specifications Benefits Counseling	<p>Benefits Counseling is a service designed to inform, and answer questions from, a participant about competitive integrated employment and how and whether it will result in increased economic self-sufficiency and/or net financial benefit through the use of various work incentives. This service provides an accurate, individualized assessment. The service provides information to the individual regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, housing subsidies, SNAP, etc.</p> <p>The service also will provide information and education to the participant regarding income reporting requirements for public benefit programs, including the Social Security Administration.</p>	<p>Benefits Counseling is a service designed to inform participants and answer their questions from, a participant about regarding if working in competitive integrated employment (CIE) while using various work incentives and how and whether it will result in increased economic self-sufficiency and/or net financial benefit through the use of various work incentives. This service provides an accurate, individualized financial and benefit assessment for participants interested in gaining and/or maintaining CIE. Additionally, The this service provides information to the individual individual regarding the full array of all available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, housing subsidies, SNAP, etc.</p> <p>The service also will will provides information and education to educate the participant regarding income reporting requirements for public benefit programs, including the Social Security Administration (SSA).</p>	Modify language for better readability.
3.	Appendix C-1/C-3 Service Specifications Benefits Counseling Provider Specifications	- A Certified Work Incentives Counselor certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program.	- A Certified Work Incentives Counselor (CWIC) certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program.	Add WIP-C certification for providers of Benefits Counseling to expand the pool of individuals who may provide the service.

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			<p>- A Work Incentives Professional Certification (WIP-C) that is accepted by the Social Security Administration (SSA) to provide benefits counseling services.</p>	
4.	Appendix C-1/C-3 Service Specifications Chore Services	N/A	<p>Chore Services consist of heavy household chores which are necessary to maintain the functional use of the home or provide a clean, sanitary and safe environment. This service may be authorized only when an unclean and cluttered living space impedes service delivery or increases the probability of injury from environmental hazards, such as falls or burns.</p> <p>Covered Chore Services are limited to the following:</p> <ul style="list-style-type: none"> Washing floors, windows and walls; Moving or removing large household furnishings and heavy appliances in order to provide safe access and egress for the participant, the direct service worker and/or emergency personnel. This may include addressing items that are stored outside of the home on porches or in front of doorways; Securing household fixtures and items, including tacking down loose rugs and flooring, in order to or prevent falls or injuries; and 	Adding Chore Services to the waiver.

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			<p>Seasonal installation and removal of window air conditioners.</p> <p>For individuals with hoarding disorders, this service is intended to be utilized in conjunction with behavioral health services. The participant must be actively engaged in behavioral health services or attend a behavioral health consultation before the following services can be provided. The following additional services may be provided when a hoarding disorder is present:</p> <p>Cleaning attics, basements or common living space to remove fire hazards as determined necessary by the Service Coordinator;</p> <p>Dumpster rental and refuse disposal;</p> <p>Sorting, packing and/or removal of the participant's belongings; and</p> <p>Remediation and disposal of hazardous waste.</p>	
5.	Appendix C-1/C-3 Service Specifications Cognitive Rehabilitation Therapy Services	N/A	CRT teleservices may be provided in accordance with the requirement in the Additional Needed Information Section of the Main Module.	Adding Teleservice to Cognitive Rehabilitation Therapy Services.
6.	Appendix C-1/C-3 Service Specifications	N/A	Counseling teleservices may be provided in accordance with the requirement in	Adding Teleservice to Counseling Services.

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	Counseling Services		the Additional Needed Information Section of the Main Module.	
7.	Appendix C-1/C-3 Service Definitions Employment skills Development	Handicapped employment, as defined in Title 55, Chapter 2390, may not be funded through the waiver. Waiver funding is not available for the provision of Employment Skills Development (e.g., sheltered work performed in a facility) where participants are supervised in producing goods or performing services under contract to third parties.	Handicapped employment, as defined in Title 55, Chapter 2390, may not be funded through the waiver. Waiver funding is not available for the provision of Employment Skills Development (e.g., sheltered work performed in a facility) where participants are supervised in producing goods or performing services under contract to third parties at subminimum wage and are not community integrated.	Add text to emphasize that sheltered workshop employment is not funded through the waiver.
8.	Appendix C-1/C-3 Service Specifications Home Adaptations	<p>Adaptations to a household are limited to the following:</p> <ul style="list-style-type: none"> • Ramps from street, sidewalk or house • Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the health, welfare and safety of the participant • Vertical lifts only when vertical lifts and installation are not covered under the MA State Plan <p>...</p> <ul style="list-style-type: none"> • Stair gliders and stair lifts only when stair gliders, stair lifts and installation are not covered under the MA State Plan. A stair lift is a chair or platform that travels on a rail, installed to follow the slope and direction of a staircase, which allows a user to ride up and down stairs safely 	<p>Adaptations to a household are limited to the following only when not covered by the MA State Plan:</p> <ul style="list-style-type: none"> • Ramps from street, sidewalk or house • Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the health, welfare and safety of the participant • Vertical lifts only when vertical lifts and installation are not covered under the MA State Plan <p>...</p> <ul style="list-style-type: none"> • Stair gliders and stair lifts only when stair gliders, stair lifts and installation are not covered under the MA State Plan. A stair lift is a chair or platform that travels on a rail, installed to follow the slope and direction of a staircase, which allows a user to ride up and down stairs safely 	Add language to better differentiate between Home Adaptations in the waiver and Home Accessibility Durable Medical Equipment covered by the State Plan.

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9.	Appendix C-1/C-3 Service Specifications Home Adaptations	Wheelchair lifts, stair glides, ceiling lifts, and metal accessibility ramps are covered by the State Plan, along with installation of the equipment or appliance. Other home adaptations in this service specification are not covered in the State Plan.	Wheelchair lifts, stair glides, ceiling lifts, and metal accessibility ramps are covered by the State Plan. The MA State Plan will cover home accessibility durable medical equipment, including but not limited to, wheelchair lifts, stair glides, ceiling lifts, and metal accessibility ramps, which are medically necessary to enter and exit the home or to support activities of daily living and meets the definition of 42 CFR Section 440.70(b)(3)(I-ii), along with installation of the equipment or appliance. Other home adaptations in this service specification are not covered in the State Plan.	Add language to better differentiate between Home Adaptations in the waiver and Home Accessibility Durable Medical Equipment covered by the State Plan.
10.	Appendix C-1/C-3 Service Specifications Structured Day Habilitation	In addition to the general standards listed above, Individual Support Staff must: <ul style="list-style-type: none"> • Be at least 18 years of age • Have a high school diploma or GED and have a minimum of five (5) years' experience working with people with disabilities, or... 	In addition to the general standards listed above, Individual Support Staff must: <ul style="list-style-type: none"> • Be at least 18 years of age • Have a high school diploma or GED and have a minimum of five (5) two (2) years' experience working with people with disabilities, or... 	Change years of experience to 2 years to increase the pool of eligible workers to address workforce shortages.
11.	Appendix C-1/C-3 Service Specifications Telecare	Participants can only receive TeleCare services when they meet eligibility criteria specified in the state's published TeleCare Services policy guidance, and the services are not covered under Medicare or other third party resources.	Participants can only receive TeleCare services when they meet eligibility criteria specified in the state's published TeleCare Services policy guidance, and the services are not covered under Medicare or other third party resources.	Telecare Services policy guidance is no longer applicable to this service.

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12.	<p>Appendix C-1/C-3 Telecare Provider Specifications for Service</p> <p>Under Durable Medical Equipment and Supply Company, Home Health Agency, Hospital, and Pharmacy.</p>	<p>Meet provider requirements as specified in the TeleCare Services Directive</p>	<p>Meet provider requirements as specified in the TeleCare Services Directive</p>	<p>Telecare Services Directive is no longer applicable to this service.</p>
13.	<p>Appendix C-2-a</p>	<p>Criminal history clearances are obtained from the Pennsylvania State Police which access the Pennsylvania Crime Information Center (PCIC) and the National Crime Information Center (NCIC) for this information. The results are typically available within 1- 2 business days. A Federal Bureau of Investigation (FBI) federal criminal history record is required for applicants who have resided in Pennsylvania for less than two years.</p>	<p>All applicants are required to obtain a report of criminal history from the Pennsylvania State Police (PSP) Criminal history clearances are obtained from the Pennsylvania State Police which access the Pennsylvania Crime Information Center (PCIC) and the National Crime Information Center (NCIC). for this information. The results are typically available within 1-2 business days. For applicants who have resided in Pennsylvania for less than two years, a fingerprint-based Federal Bureau of Investigation (FBI) federal criminal history record is also required. for applicants who have resided in Pennsylvania for less than two years.</p>	<p>Clarification on clearances that are required.</p>
14.	<p>Appendix C-2-b</p>	<p>Clearances are required for all direct care workers and service providers, including Service Coordinators and contractors, providing services in homes where children reside. A child is defined as an individual under 18 years of age.</p> <p>The following three certifications must be obtained prior to providing services in homes where children reside:</p> <ul style="list-style-type: none"> • Report of criminal history from the Pennsylvania State Police (PSP); 	<p>Clearances are required for all direct care workers and service providers, including Service Coordinators and contractors, providing services in homes where children reside are present. A child is defined as an individual under 18 years of age.</p>	<p>Clarification of when child abuse clearances are required for direct care workers.</p>

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		<ul style="list-style-type: none"> • Fingerprint-based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI); and • Child Abuse History Certification from the Department of Human Services (Child Abuse). <p>The option to provisionally hire a person for employment described in 55 Pa. Code Ch. 52.20 does not apply to the clearances required prior to providing services in homes where children reside.</p> <p>...</p> <p>For those workers required to have clearances (see above), written results are required prior to the employee/provider initiating services in the participant’s home. Direct care workers who are employed by waiver participants who have children residing in their homes must have child abuse clearances completed prior to hire so that participants can make an informed decision on whether to employ a worker who has been named as a perpetrator of founded or indicated child abuse.</p>	<p>The following three certifications must be obtained prior to providing services in homes where children reside are present:</p> <ul style="list-style-type: none"> • Report of criminal history from the Pennsylvania State Police (PSP); • Fingerprint-based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI); and • Child Abuse History Certification from the Department of Human Services (Child Abuse). <p>The option to provisionally hire a person for employment described in 55 Pa. Code Ch. 52.20 does not apply to the clearances required prior to providing services in homes where children reside are present.</p> <p>...</p> <p>For those workers required to have clearances (see above), written results are required prior to the employee/provider initiating services in the participant’s home. Direct care workers who are employed by waiver participants who have children residing present in their homes must have child abuse clearances completed prior to hire so that participants can make an informed decision on whether to employ a worker who has been named as a perpetrator of founded or indicated child abuse.</p>	
15.	Appendix D-1-b, D-2-b	Service Coordination agencies may provide the following vendor services under an Organized Health Care Delivery	Service Coordination agencies may provide the following vendor services	OHCDs was permitted in CHC until the end of the

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		<p>System (OHCDS) only during the 180-day continuity of care period for each implementation phase:</p> <ul style="list-style-type: none"> • Assistive Technology; • Community Transition Services; • Home Delivered Meals; • Home Modifications; • Non-Medical Transportation; • Personal Emergency Response System (PERS); and/or • Vehicle Modifications. <p>Participants are not required to receive these vendor services subcontracted through an OHCDS. Participants are able to either select any qualified provider that has contracted with the OHCDS or select any other qualified provider that is part of the CHC-MCO's provider network. The Service Coordination provider cannot require a participant to use their OHCDS as a condition to receive service coordination services from their agency.</p>	<p>under an Organized Health Care Delivery System (OHCDS) only during the 180-day continuity of care period for each implementation phase:</p> <ul style="list-style-type: none"> • Assistive Technology; • Community Transition Services; • Home Delivered Meals; • Home Modifications; • Non-Medical Transportation; • Personal Emergency Response System (PERS); and/or • Vehicle Modifications. <p>Participants are not required to receive these vendor services subcontracted through an OHCDS. Participants are able to either select any qualified provider that has contracted with the OHCDS or select any other qualified provider that is part of the CHC-MCO's provider network. The Service Coordination provider cannot require a participant to use their OHCDS as a condition to receive service coordination services from their agency.</p>	<p>180-day continuity of care period after the last implementation date. This provision expired June 30, 2020.</p>
16.	Appendix D-1-d	<p>PCSPs must be completed no later than 30 days from the date the comprehensive needs assessment or reassessment is completed.</p>	<p>PCSPs must be completed developed and implemented no later than 30 15 days from the date the comprehensive needs assessment or reassessment is completed.</p>	<p>Reducing the timeframe of PCSP implementation to create a timelier process.</p>
17.	Appendix D-1-d	<p>e. How responsibilities are assigned for implementing the plan:</p>	<p>e. How responsibilities are assigned for implementing the plan:</p> <p>....</p> <p>If the provider develops a treatment or service plan for the participant, it must be incorporated into the overall PCSP.</p>	<p>Add language to reinforce that if a participant's rights in a setting need to be modified due to an assessed need it must be documented in the PCSP and if a provider creates a treatment or service plan, that plan must</p>

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			<p>Any modification of a participant’s rights in a setting, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the PCSP:</p> <ul style="list-style-type: none"> • Identify a specific and individualized assessed need. • Document the positive interventions and supports used prior to any modifications to the person-centered service plan. • Document less intrusive methods of meeting the need that have been tried but did not work. • Include a clear description of the condition that is directly proportionate to the specific assessed need. • Include regular collection and review of data to measure the ongoing effectiveness of the modification. • Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. • Include the informed consent of the individual. • Include an assurance that interventions and supports will cause no harm to the individual. 	<p>be incorporated into the PCSP.</p> <p>These items are in response to feedback from CMS during the HCB Settings Final Rule Heightened Scrutiny onsite visits.</p>
18.	Appendix D-1-d, D-2-a	<p>In addition, CHC service coordinators are responsible to use the standardized participant review tool designed by OLTL to capture information on Participants’ health, welfare, and service needs in all HCBS settings. The tool also captures information on provider owned and operated residential settings to assist in assessing compliance with the Centers for Medicare and Medicaid Services HCBS regulation found in 42</p>	<p>In addition, CHC service coordinators are responsible to use the standardized participant review tool designed by OLTL to capture information on Participants’ health, welfare, and service needs in all HCBS settings. The tool also captures SC must also capture information on provider owned and operated residential</p>	<p>Remove this paragraph because service coordinators no longer use the participant review tool – they use the InterRAI and the Person-Centered Planning process.</p>

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		CFR § 441.301. The overall goal of the tool is to assist SCs in their role of improving the experience of care for participants.	settings to assist in assessing compliance with the Centers for Medicare and Medicaid Services HCBS regulation found in 42 CFR § 441.301. The overall goal of the tool is to assist SCs in their role of improving the experience of care for participants.	
19.	Appendix F-3-c	Individuals calling the OLTL Participant HelpLine with a complaint/grievance are logged into the Enterprise Information System (EIM), a web-based database, and the information is then referred to the appropriate Bureau for resolution.	When an individual calls Individuals calling the OLTL Participant HelpLine with a complaint/grievance, the calls are logged (complaints by the Case Management Unit and grievances into the Enterprise Information System (EIM), a web-based database) are logged into the Enterprise Information System (EIM), a web-based database, and the information is then referred to the appropriate Bureau for resolution.	To be more specific how complaint/grievances are logged.
20.	Appendix G-1-b	Required reporters must report critical incidents within 48 hours of their occurrence or-discovery. OLTL has initiated a mandatory electronic reporting system for reporting all critical incidents. The electronic reporting system, referred to as EIM, allows Direct Service providers to submit critical incidents through a web-based application where they are accessed by Service Coordinators, the CHC-MCOs and OLTL staff.	Required reporters must report critical incidents within 48 hours of their occurrence or discovery. OLTL has initiated a mandatory electronic reporting system for reporting all critical incidents. The electronic reporting system, referred to as EIM, allows Direct Service providers to submit critical incidents through a web-based application where they are accessed by Service Coordinators, the CHC-MCOs and OLTL staff.	Clarify that critical incidents must be reported with 48 hours of discovery.
21.	Appendix G-1-d	OLTL is responsible for reviewing and investigating all allegations of abuse, neglect, or exploitation that identify the CHC-MCO and/or their staff as the alleged perpetrator. OLTL retains the right to review any incident reports, conduct its own investigations and require further corrective actions by the CHC-MCO.	The Protective Services agency is responsible for reviewing all allegations of abuse, neglect, or exploitation. If the CHC-MCO and/or their staff is identified as the alleged perpetrator, OLTL is responsible for ensuring the incident report is handled appropriately and is reviewed and approved for closure by	Specify which entity is responsible for reviewing allegations.

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			<p>OLTL staff. OLTL is responsible for reviewing and investigating all allegations of abuse, neglect, or exploitation that identify the CHC-MCO and/or their staff as the alleged perpetrator. OLTL retains the right to review any incident reports, conduct its own investigations and require further corrective actions by the CHC-MCO.</p>	
22.	Appendix G-1-d	<p>The Service Coordinator has two (2) days to enter initial information into EIM in cases involving sexual abuse, serious injury, serious bodily injury or suspicious death, and thirty (30) days from the initial report to enter all the information regarding the incident into EIM</p>	<p>The Service Coordinator has 48 hours two (2) days to enter initial information regarding critical incidents into EIM in cases involving sexual abuse, serious injury, serious bodily injury or suspicious death, and 30 days from discovery of the incident to investigate it and close the incident report in EIM. thirty (30) days from the initial report to enter all the information regarding the incident into EIM</p>	Adjust timeframes for critical incident investigations.
23.	Appendix G-1-d	<p>Investigations that are performed by the CHC-MCOs include, but are not limited to:</p>	<p>Investigations that are performed by the CHC-MCOs must be initiated within 24 hours of having knowledge of the incident. Investigations include, but are not limited to:</p>	Timeframe clarification.
24.	Appendix G-1-d	<p>CHC-MCOs are required to:</p> <ul style="list-style-type: none"> • Take necessary actions to ensure the health and welfare of the participant. <p>...</p> <ul style="list-style-type: none"> • Provide a report to OLTL within thirty (30) business days of the occurrence. When the CHC-MCO is unable to conclude initial investigation within thirty (30) days, request an extension from OLTL through EIM. <p>In cases investigated involving protective services, the CHC-MCO Service Coordinator works with the protective service</p>	<p>CHC-MCOs are required to:</p> <ul style="list-style-type: none"> • Initiate investigation within 24 hours of having knowledge of the incident. <p>...</p> <ul style="list-style-type: none"> • Submit Provide a report to OLTL within thirty (30) calendar business days of the occurrence. When the CHC-MCO is unable to conclude initial investigation within thirty (30) 	Timeframe clarification.

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		worker to ensure the health and welfare of the participant. This may involve revisions to the service plan as necessary, to meet the participant’s needs and to mitigate recurrence of the incident.	<p>days, request an extension from OLTL through EIM.</p> <p>In cases investigated involving by the protective services agency, the CHC-MCO Service Coordinator works with the protective service worker to ensure the health and welfare of the participant. This may involve revisions to the service plan as necessary, to meet the participant’s needs and to mitigate recurrence of the incident.</p>	
25.	Appendix G-1-d	<p>The timeframes for conducting an investigation and completing an investigation.</p> <p>The investigation of all critical incidents must be completed within thirty (30) days of receiving the incident report. If the timeframe is not met, the details regarding the delay will be documented in EIM. The MCO will monitor any investigative process that is taking beyond the allotted time for completion.</p>	<p>The timeframes for conducting an investigation and completing an investigation.</p> <p>Investigations must be initiated within 24 hours of the incident being reported. The investigations of all critical incidents must be completed within thirty (30) days of receiving the incident report. If the timeframe is not met, the details regarding the delay will be documented in EIM. The MCO will monitor any investigative process that is taking beyond the allotted time for completion.</p>	Timeframe clarification.
26.	Appendix G-1-e	Additional agencies have responsibilities for oversight on reports of abuse. The Department of Aging is responsible for administering protective services for the over 60 population; the Department of Human Services’ Adult Protective Services Office handles protective services for the 18-60 disability population	Additional agencies have responsibilities for oversight on reports of abuse. The Department of Aging is responsible for administering protective services for the over 60 and older population; the Department of Human Services’ Adult Protective Services Office handles protective services for the 18- 59 60 disability population	Age clarification.
27.	Appendix G-3-c-ii	<u>Medication Administration by Unlicensed Residential Habilitation Providers:</u>	<u>Medication Administration by Unlicensed Residential Habilitation Providers:</u>	The bulletin is already incorporated into the waiver.

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		<p>Unlicensed Residential Habilitation providers are required to follow- OLTL’s “Medication Management Policy for Unlicensed Providers Bulletin”, which clarifies when a participant is expected to self-administer, receive assistance with medication administration, and the training required for provider staff to administer medication.</p> <p>...</p> <p><u>Medication Administration Training</u></p> <p>(b) The OLTL-approved medications administration course refers to the Department of Human Services Office of Developmental Program’s training program. Information on this training program is found by calling 1-800-438-1958 or by going to: https://medsadmin.tiu11.org/cms/</p>	<p>Unlicensed Residential Habilitation providers are required to follow- OLTL’s “Medication Management Policy for Unlicensed Providers Bulletin”, which clarifies when a participant is expected to self-administer, receive assistance with medication administration, and the training required for provider staff to administer medication.</p> <p>...</p> <p><u>Medication Administration Training</u></p> <p>(b) The OLTL-approved medications administration course refers to the Department of Human Services Office of Developmental Program’s training program. Information on this training program is found by calling 1-800-438-1958 717-221-1630 or by going to: https://medsadmin.tiu11.org/cms/ https://medadmin.myodp.org/</p>	<p>Update contact information for the Medication Administration training.</p>
28.	Appendix H-1-a-i System Improvements	<p>CHC-MCOs are also required to annually administer the HCBS CAHPS Survey to gather feedback on HCBS participants’ experience receiving long-term services and supports. CHC-MCOs will administer the most current version of the instruments and report survey results to DHS/OLTL as required under the CHC agreement. This includes using the Supplemental Employment Module specifically designed to be used alongside the HCBS CAHPS Survey tool as well as Pennsylvania specific questions designated by OLTL that relate to service plan, transportation, housing, and preventative health care. In 2018, each individual CHC-MCO will survey a random sample that generates a targeted number of complete surveys. Starting in 2019, the CHC-MCO will select a statistically valid random sample based on a 95% Confidence Level, ± 5% Confidence Interval, and a 50% Distribution, proportioned by region.</p>	<p>CHC-MCOs are also required to annually administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS)HCBS CAHPS Survey to gather feedback on HCBS participants’ experience receiving long-term services and supports. CHC-MCOs will administer the most current version of the instruments and report survey results to DHS/OLTL as required under the CHC agreement. This includes using the Supplemental Employment Module specifically designed to be used alongside theCAHPS Survey tool as well as Pennsylvania specific questions designated by OLTL that relate to person-</p>	<p>Update quality strategy to current practice.</p>

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		<p>...</p> <p>OLTL has designed an approach in oversight and monitoring of the CHC program. This includes a comprehensive statewide Medical Assistance Quality Strategy for Pennsylvania, which outlines a number of key components on how OLTL will ensure quality assurance that will help identify system improvements for CHC to include: readiness review, early implementation and ongoing monitoring.</p> <p>...</p> <ul style="list-style-type: none"> • Performance measures using indicators established by the Center for Medicare and Medicaid Service (CMS) and various national organizations: <ul style="list-style-type: none"> ○ Healthcare Effectiveness Data and Information Set (HEDIS) ○ CMS Medicaid Adult Core Measures <p>...</p> <p>In order to prioritize quality management issues, BQAPA has assigned each of the five waiver assurances to a quality management (QM) liaison to review various quality reports through tracking and trending and determine possible causes of aberrant data or compliance issues. Quality data is gathered for performance measures from numerous sources, including OLTL discovery and remediation activities, on-site monitoring by the OLTL, as well as internal OLTL activities/reporting. This information is aggregated for tracking and trending. The QM liaison makes initial recommendations and prioritizes issues for problem-solving or corrective measures. The QM liaison reviews and responds to aggregated, analyzed discovery and remediation information collected on each of the assurances, and makes initial recommendations and prioritizes issues for problem-solving or corrective measures. In addition to trending and analyzing, this structure allows BQAPA to review for possible internal OLTL systemic changes and to identify possible program training or technical assistance needs.</p>	<p>centered service plan, transportation, housing, dental, supplemental nutrition assistance program, survey assistance and mental health. and preventative health care. In 2018, each individual CHC MCO will survey a random sample that generates a targeted number of complete surveys. Starting in 2019, the CHC MCO will select a statistically valid random sample based on a 95% Confidence Level, ± 5% Confidence Interval, and a 50% Distribution, proportioned by region.</p> <p>...</p> <p>OLTL has designed an approach in oversight and monitoring of the CHC program. This includes a comprehensive statewide Medical Assistance and Children’s Health Insurance Program Managed Care Quality Strategy for Pennsylvania, which outlines a number of key components on how OLTL will ensure quality assurance that will help identify system improvements for CHC to include: readiness review, early implementation and ongoing monitoring.</p> <p>...</p> <ul style="list-style-type: none"> • Performance measures using indicators established by the Center for Medicare and Medicaid Service (CMS) and various national organizations: <ul style="list-style-type: none"> ○ Healthcare Effectiveness Data and Information Set (HEDIS) ○ CMS Medicaid Adult Core Measures 	

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		<p>BQAPA internally reviews the assessments made by the QM liaison. For those issues that are considered critical by the QM liaison, an expedited process of review is implemented by working closely with other OLTL bureaus. The QMU summarizes the list of priorities and recommendations in a monthly report to present at the monthly QM2 meetings, which are attended by key personnel from all OLTL bureaus. The comments from the quality meetings are considered and included in a revised report for discussion with the MCOs during weekly update meetings. OLTL Bureau Directors will collectively submit final recommendations as to any action needed for system improvements to the Deputy Secretary of OLTL. The implemented system improvements return to the quality cycle through monitoring and remediation.</p>	<p>...</p> <p>In order to prioritize quality management issues, BQAPA has assigned each of the five waiver assurances to a quality management (QM) liaison to review various quality reports through tracking and trending and determine possible causes of aberrant data or compliance issues. Quality data is gathered for performance measures from numerous sources, including OLTL discovery and remediation activities, on-site monitoring by the OLTL, as well as internal OLTL activities/reporting. This information is aggregated for tracking and trending. The QM liaison makes initial recommendations and prioritizes issues for problem solving or corrective measures. The QM liaison reviews and responds to aggregated, analyzed discovery and remediation information collected on each of the assurances, and makes initial recommendations and prioritizes issues for problem solving or corrective measures. In addition to trending and analyzing, this structure allows BQAPA to review for possible internal OLTL systemic changes and to identify possible program training or technical assistance needs.</p> <p>BQAPA internally reviews the assessments made by the QM liaison. For those issues that are considered critical by the QM liaison, an expedited process of review is implemented by working closely with other OLTL bureaus. The QMU summarizes the list of priorities and</p>	

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			<p>recommendations in a monthly report to present at the monthly QM2 meetings, which are attended by key personnel from all OLTL bureaus. The comments from the quality meetings are considered and included in a revised report for discussion with the MCOs during weekly update meetings. OLTL Bureau Directors will collectively submit final recommendations as to any action needed for system improvements to the Deputy Secretary of OLTL. The implemented system improvements return to the quality cycle through monitoring and remediation.</p> <p>To prioritize quality management issues, BQAPA works with consultants and Subject Matter Experts (SMEs) on the waiver assurances and performance measures. The SMEs review various quality reports, tracking and trending possible causes of irregular data or compliance issues. Performance measure data is gathered from various sources, including OLTL discovery and remediation activities, on-site monitoring by OLTL, as well as internal OLTL activities/reporting. The SMEs prioritize issues for problem-solving and/or identify corrective measures. This process allows BQAPA along with consultants and SMEs to identify possible program training or technical</p>	

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			<p>assistance needs, recognize trending, and identify internal systematic changes.</p> <p>BQAPA, along with consultants, reviews the assessments made by the SMEs. When issues are identified, the SMEs ensure the CHC-MCOs develop remediation efforts, and quality improvement projects, as necessary. Issues are discussed with the individual CHC-MCOs at weekly and monthly contract meetings.</p>	
29.	Appendix H-1-b-i System Design Changes	<p>CHC will be implemented starting in January 2018. OLTL plans to meet regularly with CHC-MCOs to discuss operations issues and to apprise the CHC-MCOs of administrative changes and updates that may have an impact on service delivery. In addition, our intent will be to mirror the existing HealthChoices program and implement a Quarterly Quality Review Meeting (QQRM) to ensure that there are devoted meetings with each individual MCO – to discuss key quality indicators, best practices and areas for improvements. The basis of these meetings will be an open, creative, collaborative dialogue with OLTL and the CHC-MCOs with an emphasis on quality outcomes.</p>	<p>CHC will be implemented starting in January 2018. OLTL plans to meet regularly meets with CHC-MCOs to discuss operations issues and to apprise the CHC-MCOs of administrative changes and updates that may have an impact on service delivery. In addition, our intent will be to mirror the existing HealthChoices program and implement OLTL hosts a Quarterly Quality Review Meeting (QQRM) to ensure that there are devoted meetings with the each individual CHC-MCOs – to discuss key quality indicators, best practices and areas for improvements. The basis of these meetings will be an open, creative, collaborative dialogue with OLTL and the CHC-MCOs with an emphasis on quality outcomes.</p>	Update quality strategy to current practice.
30.	Appendix H-1-b-ii System Design Changes	<p>The OLTL Division of Quality Assurance meets formally with the SMEs for all EBR performance measures every six months to review the data and remediation efforts. Trends are identified and strategies established to improve the quality of waiver services. Informal discussions are also held throughout the year</p>	<p>The OLTL Division of Quality Assurance meets formally with the SMEs for all EBR performance measures every six months to review the data and remediation efforts. The OLTL Division of Quality</p>	Update quality strategy to current practice.

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		to discuss data trends, quality improvement projects, corrective action plans and remediation efforts.	Assurance works with consultants and the waiver performance measure Subject Matter Experts (SMEs) for the CHC Waiver Evidentiary Based Report (EBR) throughout the year to review the data and remediation efforts. Trends are identified and strategies established to improve the quality of waiver services. Informal discussions are also held throughout the year to discuss data trends, quality improvement projects, corrective action plans and remediation efforts.	
31.	Appendix I-3-g-ii	<p>a. Service Coordination agencies may provide those services outlined in Appendix D-1-b and D-2-b through an OHCDs only during the 180-day continuity of care period for each implementation phase. Such requests are reviewed and approved by OLTL and the CHC-MCO prior to any service provided through the OHCDs arrangement. This arrangement is expected to end no later than June 30, 2020.</p> <p>b. Providers who are not affiliated with an OHCDs must enroll in the Pennsylvania Medical Assistance program and seek inclusion in the CHC-MCO's provider network.</p> <p>c. As described in Appendix D-1-b and D-2-b, individuals are fully informed of their right to choose from any qualified provider that is part of the CHC-MCO's provider network, and are not required to utilize the OHCDs arrangement. As noted above, providers who are not affiliated with an OHCDs must enroll in the Pennsylvania Medical Assistance program and seek inclusion in the CHC-MCO's provider network.</p> <p>d. Through provider/SC oversight and monitoring, as well as through information garnered through service plan and encounter data, the CHC-MCOs monitor services provided through an OHCDs to ensure that the OHCDs has contracted only with providers meeting established qualifications.</p> <p>e. Through these oversight mechanisms, OLTL will also ensure that the arrangements meet State and Federal requirements.</p> <p>f. The full amount of service dollars is passed through for the provision of service.</p>	<p>a. Service Coordination agencies may provide those services outlined in Appendix D-1-b and D-2-b through an OHCDs only during the 180-day continuity of care period for each implementation phase. Such requests are reviewed and approved by OLTL and the CHC-MCO prior to any service provided through the OHCDs arrangement. This arrangement is expected to end no later than June 30, 2020.</p> <p>b. Providers who are not affiliated with an OHCDs must enroll in the Pennsylvania Medical Assistance program and seek inclusion in the CHC-MCO's provider network.</p> <p>c. As described in Appendix D-1-b and D-2-b, individuals are fully informed of their right to choose from any qualified provider that is part of the CHC-MCO's provider network, and are not required to utilize the OHCDs arrangement. As noted above, providers who are not affiliated with an OHCDs must enroll in the Pennsylvania Medical Assistance</p>	OHCDs was permitted in CHC until the end of the 180-day continuity of care period after the last implementation date. This provision expired June 30, 2020.

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		<p>g. The State assures financial accountability when an OHCDS arrangement is used by monitoring individual service plans and claims paid to the OHCDS entities through the provider and SC monitoring processes performed by the CHC-MCOs. The state ensures that the payment to the OHCDS does not result in excessive payments through the established process of paying only the cost of the service or good provided.</p>	<p>program and seek inclusion in the CHC-MCO's provider network. d. Through provider/SC oversight and monitoring, as well as through information garnered through service plan and encounter data, the CHC-MCOs monitor services provided through an OHCDS to ensure that the OHCDS has contracted only with providers meeting established qualifications. e. Through these oversight mechanisms, OLTL will also ensure that the arrangements meet State and Federal requirements. f. The full amount of service dollars is passed through for the provision of service. g. The State assures financial accountability when an OHCDS arrangement is used by monitoring individual service plans and claims paid to the OHCDS entities through the provider and SC monitoring processes performed by the CHC-MCOs. The state ensures that the payment to the OHCDS does not result in excessive payments through the established process of paying only the cost of the service or good provided.</p>	