

## FY 2017/2018 FAQ GUIDANCE – Version 7

SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION
Waiver Applications	Are the final approved Consolidated and P/FDS waiver renewals posted?	<p><b>July 14, 2017:</b> Yes. The final approved Consolidated and P/FDS waivers can be found here:</p> <p><b>Consolidated:</b>  <a href="http://www.dhs.pa.gov/learnaboutdhs/waiverinformation/consolidatedwaiverforindividualswithintellectualdisabilities/index.htm">http://www.dhs.pa.gov/learnaboutdhs/waiverinformation/consolidatedwaiverforindividualswithintellectualdisabilities/index.htm</a></p> <p><b>P/FDS: ser</b>  <a href="http://www.dhs.pa.gov/learnaboutdhs/waiverinformation/personfamilydirectedsupportwaiver/index.htm">http://www.dhs.pa.gov/learnaboutdhs/waiverinformation/personfamilydirectedsupportwaiver/index.htm</a></p>
FMS Services Screen	I do not see any Respite services on the FMS Services > State Vendor Fiscal-FMS drop-down screen.	<p><b>July 14, 2017:</b> ODP is aware that services associated with ODP's Vendor Fiscal Agent (PPL) are not appearing on the FMS screens in HCSIS. A solution has been identified and will be deployed to HCSIS on Thursday, July 20, 2017.</p> <p><b>SC/SCO ACTION:</b></p> <ul style="list-style-type: none"> <li>ODP is aware there is a large number of plans that have the FY 2016-2017 old respite services attached to FY 2017-2018 plans in both in draft and authorized status. Please <b>REMOVE</b> all FY 2016-2017 respite services from all FY 2017-2018 plans related to PPL's Fiscal Vendor/ FMS services.</li> <li>ODP strongly encourages SCs to prioritize adding the appropriate FMS service(s) to individual's plans beginning the morning of July 20, 2017.</li> </ul> <p><b>AE ACTION:</b> ODP strongly encourages AEs to be mindful of FMS services that require authorizations beginning July 20, 2017. It is critical that FMS service authorizations are made timely</p>
R2E	When should I run the R2E?	<p><b>June 23, 2017</b>  <b>All counties may submit a request to run the R2E beginning 6/23/17.</b> The R2E was put on hold the week of 6/12/17 because a FY 2017/2018 rate load with refreshed rates for CPS, Licensed Respite, Respite Only Homes and Residential Habilitation services was scheduled to occur and populate the new rates into HCSIS on 6/23/17. If the R2E was run before the rate load, there would have been significant adverse effects in HCSIS.</p> <p><b>June 16, 2017</b>          AE should not run the R2E until ODP communicates otherwise.</p>
R2E	What prevented the R2E running successfully for my county?	<p><b>July 14, 2017</b>  <b>Reserves to Encumbrance (R2E) Exception Report:</b> Click on the hyperlink below to view the <b>HCSIS ODP FM Reports Analysis Guide</b>. This guide contains information on interpreting and resolving the errors associated with the <b>Reserves to Encumbrance (R2E) Exception Report</b>:  <a href="https://www.hcsis.state.pa.us/HCSISLMS/custom/uploads/courseware/546/County%20FM%20Reports%20Analysis%20Guide%20201004_v4.0.pdf">https://www.hcsis.state.pa.us/HCSISLMS/custom/uploads/courseware/546/County%20FM%20Reports%20Analysis%20Guide%20201004_v4.0.pdf</a></p>


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		<p><b><u>June 30, 2017</u></b></p> <p>The R2E will not convert a service to “authorized” for several reasons including, but not limited to, service dates spanning a fiscal year, SCO contracts were not manually created and made real, a plan exceeding the P/FDS cap, when a service on the plan is undergoing a mass rate change and/or when a service is attached to a provisional contract. There are two reports available in HCSIS (menu path: <b>Tools &gt; Reports &gt; Reports Request</b>) that will assist with determining whether the R2E will run successfully:</p> <p><b>Future Funding Stream Exception Report:</b> This report is used to compare the current year’s allocation (financial resource) to the upcoming fiscal year’s financial commitments. This report summarizes only the funding streams that have a negative “available dollar” amount for the upcoming fiscal year. Included on the report are Funding Stream, Projected Allocation, Authorized, Reserved, Pre-encumbered and the difference.</p> <p><b>Reserve Allocation Report:</b> This report summarizes only the funding streams that have a negative available dollar amount for the upcoming fiscal year. If a funding stream appears on this report, the R2E process will not run successfully for that funding stream. To assist in the analysis of resolving this issue, the report lists all the individuals in the funding stream along with the encumbered and utilized dollar amounts for the current fiscal year. Also listed are the reserved and pre-encumbered amounts for the upcoming fiscal year</p> <p>To run/access both of these reports, the user must be assigned the following HCSIS roles: County Financial Manager, County Financial Worker and/or HCSIS Reviewer</p> <p><b>Action to take:</b></p> <ul style="list-style-type: none"> <li>• If a contract has not been converted to real, please contact the ODP Fiscal mailbox: <a href="mailto:RA-ratesetting@pa.gov">RA-ratesetting@pa.gov</a>.</li> <li>• If plan exceeding the P/FDS cap, reduce service units to 6 months worth of units. Please reference the P/FDS Cap section to understand why.</li> <li>• AEs should review the <b>Mass Rate Change-View Modification</b> screen to make necessary updates to plans.</li> </ul>
<b>Supported Employment</b>	"Supported Employment-15 Mins" (W7235) has been end-dated but the waiver renewals indicate this service is available.	<p>The service definition for Supported Employment services in the draft waiver renewals has been expanded for FY 2017/2018. To support this change, the Supported Employment service that is currently available until 6-30-17, "Supported Employment-15 Mins" (W7235), has been renamed in HCSIS to "Supported Employment - Career Assessment" (uses same procedure code W7235). The procedure code itself (W7235) is not new but the service name in HCSIS is new/different.</p> <p>Just a FYI, when a service is renamed in HCSIS, HCSIS treats it as a new service and the old name is end-dated while the new name receives an Effective Begin Date for the day after the Effective End Date of the renamed service. HCSIS functions this way in order to maintain history on the procedure code. This is important to</p>

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		<p>know because when creating provisional service contracts, the "renamed" service is treated by HCSIS as a new service and; therefore, will not create a provisional service contract because no FY 16/17 plans contained the "new" service.</p> <p>There are currently issues with H2023 and H2025. For these 2 services providers are unable to add these services at this time to their SSDs and; therefore, SCs will not see these services on provider SSDs and add them to plans. See directly below for HCSIS service names associated with these procedure codes.</p>
<b>Supported Employment</b>	When a provider provides Supported Employment services to an individual who is also an employee of the provider agency, can the provider bill for Supported Employment services until December 31, 2017?	<p><u><b>July 28, 2017</b></u></p> <p>Yes, it is allowable to bill Supported Employment services from July 1, 2017 through December 31, 2017 while providers transition individuals they employ to either Small Group Employment or to a Supported Employment provider who is not the individual's employer.</p>

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Supported Employment	What new Supported Employment services are available 7/1/17?	<p><b>June 30, 2017:</b> “Supported Emplmnt-Job Support-1:2” (H2025) will <u>not</u> appear on the vendor screens because the staff to individual ratio is 1:2. Participant Directed Services are not available when more than one individual is simultaneously receiving services by staff.</p> <p><b>June 23, 2017</b> ODP is aware that H2023, W9794, and H2025 are not available by providers to pull into their SSD and therefore cannot be connected to ISPs. These services are also not available on vendor SSD screens. ODP is researching the issue to develop a resolution. A number of new supported employment services (and procedure codes) are now available in HCSIS to support the expanded service definition that is effective 7/1/17. Their service names in HCSIS appears as follows: </p> <table><tr><th>FY 17/18 HCSIS Service Name</th><th>Procedure Code and Modifiers</th></tr><tr><td>Supported Employment-Career Assessment</td><td>W7235</td></tr><tr><td><u>Supp Emplmnt-Job Finding/Job Development</u></td><td>H2023</td></tr><tr><td>Supported <u>Emplmnt-Job Support - 1:1</u></td><td>W9794</td></tr><tr><td>Supported <u>Emplmnt-Job Support-1:2</u></td><td>H2025</td></tr><tr><td><u>Adv Supp Emplmnt-Discovery</u></td><td>W7235 UD</td></tr><tr><td><u>Adv Supp Emplmnt-Job Acquisition</u></td><td>H2023 UD</td></tr><tr><td><u>Adv Supp Emplmnt-Job Retention &gt;= 4 Mths</u></td><td>H2025 UD</td></tr></table> <div></div> <p><b>NOTE:</b> Enhanced Communication services applies to these services but are not displayed on the list. Enhanced Communication services is represented by an "ESC" in the HCSIS service description and a "U1" is attached to the procedure code.</p>	FY 17/18 HCSIS Service Name	Procedure Code and Modifiers	Supported Employment-Career Assessment	W7235	<u>Supp Emplmnt-Job Finding/Job Development</u>	H2023	Supported <u>Emplmnt-Job Support - 1:1</u>	W9794	Supported <u>Emplmnt-Job Support-1:2</u>	H2025	<u>Adv Supp Emplmnt-Discovery</u>	W7235 UD	<u>Adv Supp Emplmnt-Job Acquisition</u>	H2023 UD	<u>Adv Supp Emplmnt-Job Retention &gt;= 4 Mths</u>	H2025 UD
FY 17/18 HCSIS Service Name	Procedure Code and Modifiers																	
Supported Employment-Career Assessment	W7235																	
<u>Supp Emplmnt-Job Finding/Job Development</u>	H2023																	
Supported <u>Emplmnt-Job Support - 1:1</u>	W9794																	
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<u>Adv Supp Emplmnt-Discovery</u>	W7235 UD																	
<u>Adv Supp Emplmnt-Job Acquisition</u>	H2023 UD																	
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Supported Employment	What are the provider types and specialties associated with all the new Supported Employment services effective 7/1/17?	<b>HCSIS Service Name</b>	<b>Provider Type</b>	<b>Specialties</b>
		Supported Employment-Career Assessment	53 54 54	530 540 541
		<u>Supp Employmnt</u> -Job Finding/Job Development	53 54 54	530 540 541
		Supported <u>Emplmnt</u> -Job Support - 1:1	53 54 54	531 540 541
		Supported <u>Emplmnt</u> -Job Support-1:2	53	531
		<u>Adv Supp Emplmnt</u> -Discovery	53	530
		<u>Adv Supp Emplmnt</u> -Job Acquisition	53	530
		<u>Adv Supp Emplmnt</u> -Job Retention >= 4 Mths	53	531
Companion Services	I don't see any Companion services on provider's SSDs	<p>Auto offerings/auto contracts were NOT created for any Companion services. ODP has determined there are currently a number of existing services that will continue to be offered during FY 17/18 that did not create provisional contracts when plans were copied to FY 17/18 plans. We are currently assessing this issue and will provide guidance shortly.</p> <p>Please see the section of this resource called Service Ratios/Levels for the FY 16/17 to FY 17/18 mapping of service names, service levels and procedure codes.</p>		
Companion Services	I don't see Companion (Level 3) on provider SSDs	"Companion Services (Level 3)", procedure code W1727, was end-dated for 6/30/17. This service will no longer be offered by ODP effective 7/1/17. This will be reflected in the final waiver renewals.		
Companion Services	Why isn't Companion (level 2) 1:1 not showing on the vendor screens in HCSIS?	<p><b><u>June 30, 2017:</u></b> Companion (Level 2 <b>should now be available in the vendor screens.</b></p> <p><b><u>June 23, 2017</u></b> Companion (Level 2) is anticipated to appear on the vendor screens on 6/28/17.</p> <p><b><u>June 6, 2017</u></b> Companion (Level 2) will be added to the vendor screens before 7/1/17. It was inadvertently excluded.</p>		
Provider SSD Screen	Service is "greyed out"	<p><b><u>July 14, 2017:</u></b> This issue has been corrected in HCSIS.</p> <p><b><u>June 30, 2017</u></b> Providers may have noticed there are certain services they are unable to be added as service offerings and are greyed out. Companion (Level 2) has been identified as a service experiencing this issue. This situation has been classified as a priority and we will communicate a solution as soon as one is available.</p>		

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<b>Supported Living</b>	Am I already enrolled to render this service?	<b>7/14/17:</b> In order to render “Supported Living”, providers will need to be enrolled as a provider type 52 and qualified for specialty 524. If a provider is already qualified for specialty 524, they may add Supported Living as a service offering to their SSD.
<b>Respite</b>	I don't see all respite services on provider SSDs	Auto service offerings/auto contract creation was only completed for unlicensed respite 15 min services. If a provider is willing and qualified to render 15 mins or day unlicensed respite or licensed respite day and the new services are not present on their SSDs, providers may manually add these services.
<b>Respite</b>	What respite procedure codes should be used for individuals who have not yet received a SIS (i.e. base, etc.)	<b>June 23, 2017</b> For individuals that are base funded, base-funded respite procedure codes are currently available in HCSIS and should be used until a SIS assessment is completed. When a Needs Level/Needs Group is identified, the ISP should be updated to attach the respite procedure code that aligns with assigned NL/NG.
<b>Respite</b>	Unlicensed 15-minute Respite	<b>June 23, 2017</b> ODP is aware that there is an issue with adding unlicensed respite 15-minute (level 3) to ISP's and it is not appearing on the vendor screens. The technical team is currently researching this issue. As soon as a solution has been determined, ODP will communicate resolution broadly.
<b>Respite</b>	Unlicensed Respite - in home/out of home	<p><b>June 16, 2017</b></p> <ul style="list-style-type: none"> <li>See Appendix A for a crosswalk of FY 16/17 to FY 17/18 <u>Respite 15 Minutes</u> services (Licensed and Unlicensed)</li> <li>See Appendix B for a crosswalk of FY 16/17 to FY 17/18 <u>Respite Unlicensed Day</u> services.</li> </ul> <p><b>June 9, 2017</b></p> <ul style="list-style-type: none"> <li>Effective 7/1/17 ODP combined all unlicensed in-home and out-of-home 15-minute respite and is using new service names in HCSIS and new procedure codes.</li> <li>The “Needs Group” modifier will not be used with unlicensed respite procedure codes</li> </ul> <p>ODP will be creating a FY 16/17 to FY 17/18 respite unlicensed 15 minutes crosswalk and providing it to stakeholders soon.</p> <p>NOTE: Existing unlicensed in home/out of home Respite 15 min services were end dated for 12/31/17 and, at the same time, the new unlicensed respite 15 minute service have a begin date of 7/1/17. ODP acknowledges this is confusing and apologizes. Although these services are still available in HCSIS until 12/31/17, ODP is instructing SCs/SCOs/AEs to use the new unlicensed respite 15 minutes services on FY 17/18 ISPs.</p>
<b>Respite</b>	Respite Licensed 15 minutes	<p><b>June 19, 2017</b></p> <p><b>CORRECTION: Respite 15 minutes LICENSED will no longer be available beginning 7/1/2017, although the services are available in HCSIS. See correction below under June 16, 2017.</b></p>

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		<p><b><u>June 16, 2017</u></b>  Respite 15 minutes LICENSED will no longer be available beginning <del>1/1/2018</del> <b>7/1/2017</b> and forward.</p> <p><b><u>June 9, 2017</u></b>  The following Respite licensed 15-minutes services continue to be available in HCSIS for the period 7/1/17 through 12/31/17:</p> <ul style="list-style-type: none"> <li>• Respite-Licen Out-of-Home 15 Mins(Basic)</li> <li>• Respite-Licen Out-of-Home 15 Mins(Level 1)</li> <li>• Respite-Licen Out-of-Home 15 Mins(Level 2)</li> </ul>
Respite	Respite Licensed Day	<p><b><u>June 16, 2017</u></b></p> <p>Respite Licensed Day services available during FY 16/17 are characterized by levels that represent different staff to individual ratios. Beginning 7/1/2017, Respite Licensed Day services are based on setting size and the Needs Level of the individual. There is no 1:1 correlation between the FY 16/17 and FY 17/18 Respite Licensed Day services; therefore, when determining which Respite Licensed day service to choose for FY 17/18, the Needs Group of the individual is needed as well as the setting size of the home the individual will be receiving Respite Licensed Day services.</p> <p><b><u>June 9, 2017</u></b></p> <p>Licensed Respite Day (24 hour) will be using the Needs Level/Needs Group (NG) rate methodology effective 7/1/17. An example of how the service name plus needs group looks in HCSIS is "Respite-Lic-Day-1 person-NG 1". This service name is translated as a licensed 1 person home where the individual who will receive respite has been assessed to have a needs level 1.</p> <p><b>NOTE:</b> At the same time, the current licensed Respite Day services (without the needs group modifier) are still effective in HCSIS until <b>12/31/17</b>. ODP recognizes this is confusing. Although these services are still available in HCSIS until 12/31/17, <b><u>ODP is instructing SCs/SCOs/AEs use the new licensed respite day services with the needs group modifier.</u></b></p>

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Respite	Respite Unlicensed 15 minutes	<p><b><u>June 16, 2017</u></b></p> <p>See Appendix A for a crosswalk of FY 16/17 to FY 17/18 Respite 15 Minutes services (Licensed and Unlicensed)</p> <p><b><u>June 9, 2017</u></b></p> <p><b>NOTE:</b> Existing unlicensed Respite 15 min services were end dated for 12/31/17 and, at the same time, the new unlicensed respite 15 minute service have a begin date of 7/1/17. ODP acknowledges this is confusing and apologizes. Although these services are still available in HCSIS until 12/31/17, <b><u>ODP is instructing SCs/SCOs/AEs to use the new unlicensed respite 15 minutes services on FY 17/18 ISPs.</u></b></p>
Respite	Crosswalks	<p><b><u>June 16, 2017</u></b></p> <ul style="list-style-type: none"> <li>See Appendix A for a crosswalk of FY 16/17 to FY 17/18 <u>Respite 15 Minutes</u> services (Licensed and Unlicensed)</li> <li>See Appendix B for a crosswalk of FY 16/17 to FY 17/18 <u>Respite Unlicensed Day</u> services.</li> </ul>
Respite	Is Respite replacing Substitute Care for the 2017-2018 Financial Year? How will Respite 15-minute intervals be billed when Life sharing is a daily rate?	<p><b><u>July 28, 2017:</u></b></p> <p>From 7/1/17 through 12/31/17, Respite (15-minute or Day) may not be authorized for participants who receive Life Sharing services. During this period, agencies should continue to apply their current, agency-specific processes for substitute care.</p> <p>Beginning on 1/1/18, Respite (Day) <u>may</u> be authorized for participants who receive Life Sharing services in accordance with the Respite service definition and limits. Respite services must be provided by an ODP-enrolled Respite provider. So, when “substitute care” is provided by another Life Sharing home, the Life Sharing agency may bill for Respite (Day) at that home provided the agency is qualified and enrolled to provide Respite.</p> <p>Please note that effective January 1, 2018, a "day" is defined as a period of a minimum of 8 hours of non-continuous care rendered by a residential provider within a 24- hour period beginning at 12:00 a.m. and ending at 11:59 p.m. These definitions apply to:</p> <ul style="list-style-type: none"> <li>Licensed Residential Habilitation</li> <li>Licensed Life Sharing</li> <li>Unlicensed Life Sharing for Individuals who need more than 30 hours per week of service; and</li> <li>Respite Day provided in Residential Habilitation, Life Sharing, private ICF/ID and nursing homes.</li> </ul>



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Respite	Can you explain what respite is available to be provided in Licensed and Unlicensed Life sharing homes and how it should be authorized and billed?	<p><b>July 28, 2017:</b> Respite services may be provided in:</p> <ul style="list-style-type: none"><li>• Licensed Family Living Home (55 Pa. Code Chapter 6500) located in Pennsylvania.</li><li>• Unlicensed Life Sharing home that is located in Pennsylvania.</li></ul> <p>Participants <u>may not</u> be authorized for 15-minute unit respite provided in Life Sharing settings. <u>Day respite is the only type of Respite allowable to be provided in these settings.</u> Day respite authorized in these settings must be provided for periods of more than 8 hours.</p> <p>Respite provided in Life Sharing settings, both licensed and unlicensed, should be authorized and billed using the “24 Hour Respite (In-Home Respite and Unlicensed Out-of-Home Respite Services)” procedure codes which in HCSIS reads as “Respite-Unlic-Day” (W9795-W9801). Please note the Consolidated waiver respite definition erroneously refers to Respite provided in Life Sharing settings levels by Needs Group.</p> <p>Effective 7/1/17 through 12/31/17, participants authorized to receive Life Sharing may not be authorized to receive Respite services (15-minute or Day).</p>								
Life Sharing	Is Life Sharing unlicensed ineligible services available 7/1/17 and forward?	<p><b>July 14, 2017:</b> On July 6, 2017 the following services were end-dated for 6/30/2017 in HCSIS:</p> <table><tr><td>Family Liv 1-Indiv Home Adult (6500 Inelig)</td><td>W7292</td></tr><tr><td>Family Liv 2-Indiv Home Adult (6500 Inelig)</td><td>W7294</td></tr><tr><td>Family Liv 1-Indiv Home Child (6500 Inelig)</td><td>W7296</td></tr><tr><td>Family Liv 2-Indiv Home Child (6500 Inelig)</td><td>W7298</td></tr></table> <p><b>June 23, 2017</b> On 6/22/17, W7292, W7294, W7296, and W7298 were end dated in HCSIS for 6/30/2017. On 6/15/2017, W7038 and W7040 were removed from HCSIS.</p> <p><b>June 6, 2017</b> No. There are currently two services in HCSIS that represent ineligible unlicensed Life Sharing services:</p> <ul style="list-style-type: none"><li>• W7038: HCSIS service name = “Life Sharing-1 per-Ineligible-Unlic”</li></ul>	Family Liv 1-Indiv Home Adult (6500 Inelig)	W7292	Family Liv 2-Indiv Home Adult (6500 Inelig)	W7294	Family Liv 1-Indiv Home Child (6500 Inelig)	W7296	Family Liv 2-Indiv Home Child (6500 Inelig)	W7298
Family Liv 1-Indiv Home Adult (6500 Inelig)	W7292									
Family Liv 2-Indiv Home Adult (6500 Inelig)	W7294									
Family Liv 1-Indiv Home Child (6500 Inelig)	W7296									
Family Liv 2-Indiv Home Child (6500 Inelig)	W7298									

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		<ul style="list-style-type: none"> <li>W7040: HCSIS service name = “Life Sharing-2 per-Ineligible-Unlic”</li> </ul> <p><b><u>These services will no longer be available effective 7/1/17 and forward.</u></b> They were inadvertently added to HCSIS. ODP is in the process of having them removed from the system. If these services were added to FY 2017/2018 plans, please remove them.</p>
Life Sharing	Under 30 hours of Support & greater than 30 hours of support	<p><b><u>June 6, 2017</u></b></p> <ul style="list-style-type: none"> <li>When selecting Life Sharing services in HCSIS, under 30 hours of support is designated in HCSIS with a service name that includes "unlic" and does not require a Needs Group.</li> <li>The HCSIS service names to designate over 30 hours of support is shown with the Needs Group modifier (ie NG 1, NG 2, NG 3 &amp; NG 4) and represents <u>unlicensed and licensed settings</u>.</li> <li>Example: for &gt; 30 hours of support: "Life Sharing-1 person-Elig-NG 1"</li> </ul>
Life Sharing	Life Sharing (Base Only) - procedure code <del>W8998</del> -W8997	<p><b><u>July 14, 2017:</u></b> On July 13, 2017 specialty 524 was added in HCSIS as an eligible specialty for Life Sharing (Base Only) services, W8997.</p> <p><b><u>June 30, 2017</u></b> Correction the procedure code for Life Sharing (Base Only) is W8997. The procedure code for Base Funded Supported Living is W8998.</p> <p><b><u>June 23, 2017:</u></b> This service now has a begin date of 7/1/2017 in HCSIS.</p> <p><b><u>June 16, 2017:</u></b> The start date in HCSIS will be updated the evening of 6/22/17 and will be visible in HCSIS on 6/23/17</p> <p><b><u>June 6, 2017:</u></b> Start date in HCSIS for this service will be changed from 1/1/2018 to 7/1/2017.</p>
Life Sharing	If a relative is the life sharing home, but it is a licensed home due to needing >30 hrs, then there is just a modifier SE added to indicate that a relative’s home does not need to be licensed even if >30 hrs?	<p><b><u>June 16, 2017</u></b> See Appendix C for a crosswalk of FY 16/17 to FY 17/18 Family Living vs Life Sharing services and associated procedure code/modifier combinations available.</p> <p>A relative is defined as the following: “The following relatives do not require licensure under 55 Pa. Code Chapter § 6500.4; a parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece or nephew. All relatives may provide Life Sharing services. Relatives whose relationship to the participant are not listed in this definition may require licensure under 55 Pa. Code Chapter 6500”</p>

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		The number of hours is not relevant to licensure in these situations. If the Life Sharer is a relative, the home will not be licensed.
<b>Life Sharing</b>	Do the new unlicensed Life Sharing services/procedure codes use “by relative”?	<p><b><u>July 14, 2017:</u></b> “by relative” for unlicensed Life Sharing services was made available in HCSIS as a service selection on July 13, 2017.</p> <p><b><u>June 30, 2017</u></b> Currently “Life Sharing-1 per-Elig-Unlic” and “Life Sharing-2 per-Elig-Unlic” do not have a “by relative” service selection in HCSIS. ODP will be adding “by relative” to W7037 and W7039 within the month of July 2017. ODP will communicate when this service is available in HCSIS to select.</p>
<b>Life Sharing</b>	Crosswalk	<p><b><u>June 23, 2017</u></b> FAQ reissued on 6-19-17, Appendix C replaced (correct version is attached)</p> <p><b><u>June 16, 2017</u></b> See Appendix C for a crosswalk of FY 16/17 to FY 17/18 Family Living vs Life Sharing services.</p>
<b>Life Sharing</b>	Announcement 046-17 - Reissue	<p><b><u>June 23, 2017</u></b> The chart in this communication contains the most current HCSIS service names and procedure codes associated with the ineligible fees for life sharing (currently referred to as Family Living Homes). As was stated in ODP Announcement 046-17, beginning July 1, 2017, ineligible fees for life sharing, which are currently known as Licensed or Unlicensed Ineligible Residential Habilitation in Family Living Homes, will no longer be available.</p> <p>In ODP’s work refreshing fee schedule rates for FY 2017-2018, occupancy assumptions did not support continuation of an ineligible fee for life sharing. The room and board requirement for life sharing is still in effect. The life sharing contract should identify if the room and board payment is made directly to the life sharer.</p>
<b>Life Sharing</b>	Is Life sharing service by a family member now permissible for the 2017-2018 Financial Year? Has ODP issued any correspondence related to this matter?	<p><b><u>July 28, 2017:</u></b> Yes, Life sharing by relatives is permissible effective July 1, 2017. No separate official correspondence was released noting this change, as it is one of many changes in the renewed waivers. The Consolidated Waiver effective July 1, 2017 reflects this change and is available at <a href="http://dhs.pa.gov/cs/groups/webcontent/documents/document/c_262841.pdf">http://dhs.pa.gov/cs/groups/webcontent/documents/document/c_262841.pdf</a>.</p>

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Behavioral Support	Auto Service Offerings/Auto Contract Creation	A name change was made to procedure W7095 to "Behavioral Supports-Level 1-Initial/Ongoing". This service may be used for folks in residential until 12/31/17 because effective 1/1/18, the new residential needs base rate methodology accounts for this service.																																														
Behavioral Support	No auto service offerings	There is a second service (W8996) also available in HCSIS and its HCSIS service name is "Behavioral Supports-Level 2-Initial/Ongoing". This service will not be present on a provider's SSD until providers become qualified and enroll the appropriate specialty to their service locations.																																														
Behavioral Support	Will HCSIS or PROMISe prevent Behavior Supports from being attached to a plan at level 2 if the particular provider is only qualified to offer Lvl 1 supports?	<b><u>June 30, 2017</u></b> In the chart below please note the different provider type/specialty combinations associated with Behavioral Support level 1 and level 2. Qualification requirements must be met per service level by the provider type and specialty combinations associated with each service. If a provider does not have at least one of the provider type/specialty combinations available per service attached to/enrolled on their 13-digit MPI (service location), then the system will not allow the provider to add the service as an offering and; therefore, cannot be chosen by the SC to add to an individual’s plan for that provider.  <b>Note:</b> Enhanced Communication Services (ECS) apply to the services in the chart but are not included.																																														
		<table><tr><th>HCSIS Service Name</th><th>Procedure Code</th><th>Provider Type</th><th>Provider Type Name</th><th>Specialty</th><th>Specialty Name</th></tr><tr><td>Behavioral Supports-<b><u>Level 1</u></b>-Initial/Ongoing</td><td>W7095</td><td>11</td><td>Mental Health/Substance Abuse</td><td>420</td><td>Autism Behavior</td></tr><tr><td>Behavioral Supports-<b><u>Level 1</u></b>-Initial/Ongoing</td><td>W7095</td><td>51</td><td>Home and Community Habilitation</td><td>508</td><td>Behavioral Support</td></tr><tr><td>Behavioral Supports-<b><u>Level 2</u></b>-Initial/Ongoing</td><td>W8996</td><td>19</td><td>Psychologist</td><td>508</td><td>Behavioral Support</td></tr><tr><td>Behavioral Supports-<b><u>Level 2</u></b>-Initial/Ongoing</td><td>W8996</td><td>31</td><td>Physician</td><td>339</td><td>Psychiatry and Neurology</td></tr><tr><td>Behavioral Supports-<b><u>Level 2</u></b>-Initial/Ongoing</td><td>W8996</td><td>51</td><td>Home and Community Habilitation</td><td>117</td><td>Licensed Social Worker</td></tr><tr><td>Behavioral Supports-<b><u>Level 2</u></b>-Initial/Ongoing</td><td>W8996</td><td>51</td><td>Home and Community Habilitation</td><td>559</td><td>Behavioral Specialist Consultant</td></tr></table>					HCSIS Service Name	Procedure Code	Provider Type	Provider Type Name	Specialty	Specialty Name	Behavioral Supports- <b><u>Level 1</u></b> -Initial/Ongoing	W7095	11	Mental Health/Substance Abuse	420	Autism Behavior	Behavioral Supports- <b><u>Level 1</u></b> -Initial/Ongoing	W7095	51	Home and Community Habilitation	508	Behavioral Support	Behavioral Supports- <b><u>Level 2</u></b> -Initial/Ongoing	W8996	19	Psychologist	508	Behavioral Support	Behavioral Supports- <b><u>Level 2</u></b> -Initial/Ongoing	W8996	31	Physician	339	Psychiatry and Neurology	Behavioral Supports- <b><u>Level 2</u></b> -Initial/Ongoing	W8996	51	Home and Community Habilitation	117	Licensed Social Worker	Behavioral Supports- <b><u>Level 2</u></b> -Initial/Ongoing	W8996	51	Home and Community Habilitation	559	Behavioral Specialist Consultant
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Benefits Counseling	SSD	Auto service offerings/auto contract creation <b>were not</b> completed for Benefits Counseling. Providers may add this service to their SSD if they are enrolled as a provider type 53 and are qualified for specialty 530 or specialty 534.																																														

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SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION												
Residential Habilitation Unlicensed, Eligible and Ineligible	Needs Group	For FY 17/18, <u>unlicensed</u> Residential Habilitation eligible and ineligible services will <u>not</u> use a Needs Group in their rate methodology. The existing services/procedure codes for Residential Habilitation Unlicensed services will continue to be used in FY 17/18.												
Residential Habilitation Licensed Ineligible	Needs Group and "With day"/ "Without day"	Residential Habilitation Licensed <u>Ineligible</u> services will <u>not</u> be using the Needs Group and will <u>not</u> be using "With day" and "Without day" in their rate methodology. The following service names in HCSIS represent the Residential Habilitation Licensed Ineligible services that will be effective <b>1/1/18</b> : <table><tr><th>Service Name in HCSIS</th><th>Procedure Code</th></tr><tr><td>Res Hab-Lic-1 Person-Inelig</td><td>W9001</td></tr><tr><td>Res Hab-Lic-2 Person-Inelig</td><td>W9030</td></tr><tr><td>Res Hab-Lic-3 Person-Inelig</td><td>W9046</td></tr><tr><td>Res Hab-Lic-4 Person-Inelig</td><td>W9048</td></tr><tr><td>Res Hab-Lic-5-8 Person-Inelig</td><td>W9065</td></tr></table>	Service Name in HCSIS	Procedure Code	Res Hab-Lic-1 Person-Inelig	W9001	Res Hab-Lic-2 Person-Inelig	W9030	Res Hab-Lic-3 Person-Inelig	W9046	Res Hab-Lic-4 Person-Inelig	W9048	Res Hab-Lic-5-8 Person-Inelig	W9065
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Residential Habilitation Licensed Ineligible	Unable to update the base rate	<b>June 23, 2017</b> On 6/15/17 Residential Habilitation Ineligible services were updated to allow base rates to be updated.												
Residential Habilitation Licensed Eligible “With Day” and “Without Day”	Tool availability	<b>June 16, 2017</b> The SC Residential Calculator Tool, to estimate units for Residential Habilitation Licensed Eligible “With” and “Without Day”, was distributed broadly on June 9, 2017.  <b>June 9, 2017</b> ODP apologizes for the confusion in regard to tool release date. Tool is under development and will be available mid-June 2017.												
Residential Habilitation Licensed Eligible “With Day” and “Without Day”	Is the calculation for “With Day” and “Without Day” on page 7 of ODP Announcement 036-17 accurate?	The example displaying the number of units to apply to eligible “With Day” and “Without Day”, as well as units to apply to the ineligibles, was provided as a basic guide and does not necessarily take into consideration holidays. SCs/SCOs should adapt units in each individual's ISP based on the provider's days of operation (ie holidays).												
Residential Habilitation Licensed Eligible “With Day” and “Without Day”	How is “Without Day” represented in HCSIS?	<b>June 16, 2017:</b> The words "Without Day" are included in the HCSIS service name. The combination of the Residential Habilitation Licensed eligible procedure code and "HI" modifier represents Residential Habilitation Licensed Eligible services without day services.												

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		<p><b><u>June 9, 2017:</u></b> "Without Day" is reflected in HCSIS with the "HI" modifier.</p>
<b>Residential Habilitation Licensed Eligible “With Day” and “Without Day”</b>	<p>How do SCs plan for individual’s unexpected absence from day program?</p>	<p><b><u>June 16, 2017</u></b> The SC should plan for the Individual’s attendance based on past utilization/attendance. There will be a need for revisions to the ISP based on the Individual’s everyday life experience.</p>
<b>Residential Habilitation Licensed Eligible “With Day” and “Without Day”</b>	<p>When can providers of Licensed Residential Habilitation, Licensed Life Sharing, Unlicensed Life Sharing for Individuals who need more than 30 hours per week of service; and Respite Day provided in Residential Habilitation, Life Sharing, private ICF/ID and nursing homes bill “Without Day”.</p>	<p><b><u>June 30, 2017</u></b> Fee schedule rates for “Without Day” are only available for Residential Habilitation.</p> <p><u>In Residential Habilitation to bill “Without Day” the service provision must first meet the basic Day Unit standard which is</u></p> <ul style="list-style-type: none"> <li>· <b>Effective January 1, 2018</b>, a day is defined as a period of a minimum of 8 hours of non-continuous care rendered by a residential provider within a 24- hour period beginning at 12:00 a.m. and ending at 11:59 p.m.</li> </ul> <p><u>To bill “Without Day” or “Licensed Residential Habilitation Without Day” (Modifier HI) the service provision must meet this standard:</u></p> <p>“Without Day” is any day in which one of the following occurs:</p> <ul style="list-style-type: none"> <li>· An individual solely receives services that are part of the Residential Habilitation service; or</li> <li>· An individual receives fewer than 5 hours of services and/or unpaid supports that are not included in the Residential Habilitation service.</li> </ul> <p>-</p> <p><b><u>June 16, 2017</u></b> A Day Unit is defined as:</p> <ul style="list-style-type: none"> <li>• <b>Effective July 1, 2017 through December 31, 2017</b>, a day is defined as a period of a minimum of 12 hours of non-continuous care rendered by a residential provider within a 24-hour period beginning at 12:00 a.m. and ending at 11:59 p.m.</li> <li>• <b>Effective January 1, 2018</b>, a day is defined as a period of a minimum of 8 hours of non-continuous care rendered by a residential provider within a 24- hour period beginning at 12:00 a.m. and ending at 11:59 p.m.</li> </ul> <p>Therefore, providers may bill “Without Day” when an individual has met the day unit definition as defined above.</p>

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SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION
<b>Residential Habilitation Licensed Eligible</b>	<p>Can you give examples of “with day” and “without day”?</p>	<p><b><u>July 14, 2017:</u></b></p> <p><b>Definition of Day Unit:</b></p> <p><b>Effective July 1, 2017 through December 31, 2017</b>, a day is defined as a period of a minimum of 12 hours of non-continuous care rendered by a residential provider within a 24-hour period beginning at 12:00 a.m. and ending at 11:59 p.m. “With” and “Without Day” do not apply during this period.</p> <p><b>Effective January 1, 2018</b>, in order for a provider to bill for residential services, they must provide a minimum of 8 hours of care during the 24-hour period beginning at 12:00 a.m. and ending at 11:59 p.m. Once this requirement is met, the provider then must determine whether to bill with day or without day.</p> <p>“Without Day”: “Licensed Residential Habilitation Without Day” (Modifier HI) is any day in which one of the following occurs:</p> <ul style="list-style-type: none"> <li>• An individual solely receives services that are part of the Residential Habilitation service; or</li> <li>• An individual receives fewer than 5 hours of services and/or unpaid supports that are not included in the Residential Habilitation service.</li> </ul> <p>“With Day”: “Licensed Residential Habilitation With Day” is any day in which an individual receives five (5) or more hours of services and/or unpaid supports that are not included the Residential Habilitation service.</p> <p><b>Example:</b> Dwayne receives residential habilitation and has a job in a business office.</p> <p><b>Wednesday</b> – Dwayne received residential support from 12a-8a when his ride for work picks him up. [8 hours provided by the residential provider]</p> <p>Dwayne works from 8:30am -2:30 pm and gets a ride home. [with rides and work, 7 hours services and/or unpaid supports that are not included in the Residential Habilitation service]</p>

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		<p>3pm-11:59pm Dwayne returns to his home after work. [9 hours provided by the residential provider]</p> <p><b>This should be billed as WITH DAY because Dwayne received more than 5 hours of services and/or unpaid supports which were not included in the Residential Habilitation service</b></p> <p><b>Thursday</b> – Dwayne received residential support from 12a-8a when his ride for work picks him up. [8 hours provided by the residential provider]</p> <p>Dwayne works from 8:30-11:30a and gets a ride home [with rides and work 4 hours services and/or unpaid supports that are not included in the Residential Habilitation service]</p> <p>12:00pm-11:59pm Dwayne returns to his home after work. [12 hours provided by the residential provider]</p> <p><b>This should be billed “WITHOUT DAY” because fewer than 5 hours of services and/or unpaid supports were provided by someone other than the Residential Habilitation service.</b></p> <p><b>Friday</b> - Dwayne received residential support from 12a-8a when his ride for work picks him up. [8 hours provided by the residential provider]</p> <p>Dwayne works from 8:30-2:30 pm and his family picks him up from work for a weekend visit.</p> <p>From 2:30p – 11:59pm Dwayne is with family.</p> <p><b>Friday should be billed as WITH DAY because Dwayne received more than 5 hours of services and/or unpaid supports which were not included in the Residential Habilitation service</b></p>
<b>Residential Habilitation Licensed Eligible</b>	What does "UA" represent?	<b><u>July 28, 2017:</u></b>



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		<p>All licensed residential habilitation needs based services with the “UA” Semi Independent Living modifier, with a begin date of 1/1/2018, will no longer be available in HCSIS on August 3, 2017 and forward.</p> <p><b><u>June 30, 2017:</u></b>            ODP will be end dating all Residential Habilitation for <b>Semi Independent Living</b>. This service will not be available beginning 7/1/2017 and forward. This activity will occur sometime in July 2017. In the interim, please ensure all Residential Habilitation services with a “UA” in the service name are removed from FY 17/18 ISPs. Providers are also encouraged to remove services with a “UA” from their SSDs. A future communication will indicate when this activity will occur.</p> <p><b><u>June 6, 2017</u></b>            "UA" represents "Semi Independent Living" modifier. The provision of the licensed residential service provided in a semi-independent living home as defined by 55 Pa. Code §6400.271-275.</p>
<b>Companion and In-Home and Community Supports</b>	New Levels	<p>The new staffing ratios for Companion and in-Home and Community Supports are effective 7/1/17 although the draft waiver renewals shows a 1/1/18 start date. The final waiver renewals will reflect the 7/1/17 start date.</p> <p>Basic – The provision of the service at a staff-to-individual ratio of 1:3.            Level 1 – The provision of the service at a staff to individual ratio of 1:2.            Level 2 -The provision of the service at a staff-to-individual ratio of 1:1.</p> <p>See section called <b><i>Service Ratios/Levels</i></b> for the FY 16/17 to FY 17/18 crosswalk of service names, service levels and procedure codes.</p>

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Nursing	Service name Inconsistencies	The waiver renewals use the term "Shift Nursing" but HCSIS will show the service names for all Shift Nursing as:																																																																																								
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<b>NOTE:</b> When a service is renamed in HCSIS, HCSIS treats it as a new service and the old name is end-dated while the new name receives an Effective Begin Date for the day after the Effective End Date of the renamed service. HCSIS functions this way in order to maintain history on the procedure code. This is important to know because when creating provisional service contracts, the "renamed" service is treated by HCSIS as a new service and; therefore, will not create a provisional service contract because no FY 16/17 plans contained the "new" service.																																																																																										
Supplemental Habilitation (SH) and Additional Individualized Staffing (AIS)	Retirement and Request for Services	ODP has prepared spreadsheets showing SH/AIS authorized with a retirement reason code. (There is W7085 or W7086 with a 5531 reason code). With the 7/1/2017 elimination of prior authorization, the service may be rolled over in the affected ISPs through 12/31/2017. AEs should share these spreadsheets with the SCOs to facilitate tracking.																																																																																								
		Other (non-retirement related) requests for SH or AIS, should be reviewed by the AE as are other services. In order to capture information regarding why an intense level of support is being requested, the provider must complete the “provider portion” of the ISP Checklist. The ISP Checklist, with the provider portion completed, should be forwarded to the AE, with the completed FY plan. The ISP checklist is only required to be completed in relation to SH/AIS. It is no longer used for other purposes.																																																																																								

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SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION
Service Contracts	Conversion to Real	<p><b><u>June 23, 2017</u></b> On June 19, 2017, approximately 85,000 Service Contracts were converted to “Real” in HCSIS.</p>
Placeholder Rate (\$1.00)	Why is rate showing as \$1.00?	<p><b><u>June 23, 2017</u></b> ODP is aware that some services are still showing the \$1.00 placeholder rate. This is occurring for one of two reasons. Either a rate is missing in PROMISe for the provider’s 13-digit MPI or once the R2E is run, the placeholder rate will be replaced.</p> <p>Rates were not loaded for residential services that have UA modifier; therefore a \$1.00 will remain until rates for this service are loaded.</p> <p><b><u>June 16, 2017</u></b> On June 14, 2017, approximately 29,000 needs based residential habilitation service rates were successfully pulled in from PROMISe, the \$1.00 placeholder rates were replaced and service contracts became real.</p> <p><b><u>June 9, 2017</u></b> A placeholder rate of \$1.00 was added only to services where an auto offering/auto contract creation was performed to provider's SSDs unless the provider manually entered the service on their SSD prior to the auto offering/auto contract creation taking place.</p> <p>Once a rate is loaded in PROMISe, it will be pulled overnight into HCSIS and replace the dollar rate. If the rate still shows a dollar, then the rate has not been loaded into PROMISe yet.</p>

## FY 2017/2018 FAQ GUIDANCE – Version 7

SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION
P/FDS Cap	6 Month Service Authorizations	<p><b>August 4, 2017:</b> The transition to new service options and rates under the renewed P/FDS waiver has resulted in the total costs of some individual's service exceeding the \$33,000 waiver cap. ODP's goal is to maintain the same level of service for individuals in FY 2017-2018 as were approved in FY 2016-2017.</p> <p>ODP is continuing to research solutions and will be requesting the assistance of the county Administrative Entities in developing those solutions. AEs will be asked to complete a template in which they identify all participants potentially affected with some additional data related to service authorizations by 8/18/2017.</p> <p><b>For critical revisions:</b> Given the goal to maintain the same level of service articulated above, any request for services that exceed the units authorized on June 30, 2017 are not subject to authorization or consideration for exceeding the cap.</p> <p><b>June 23, 2017</b> SCs should look at the annualized Plan Budget Total to assess if the individual's services will exceed the P/FDS cap of \$33,000. SC's should be mindful to also include the cost of services that cannot be attached. (i.e. Companion). If annualized Plan Budget Total exceeds the P/FDS cap – ALL services should be reduced to 6 months worth of units.</p> <p><b>June 16, 2017</b> The P/FDS cap calculation within HCSIS uses the units on the plan <u>not</u> the date segment to perform the calculation. Please ensure for individual ISPs that will likely exceed the P/FDS cap of \$33,000, that the <u>units authorized on the ISP represents 6 months of service for ALL services</u>. Pending services are not included in the P/FDS cap calculation.</p> <p><b>June 9, 2017</b> Deputy Secretary Thaler has indicated that the FY 17/18 P/FDS cap will not prevent individuals from receiving the same level of service that was received in their FY 16/17 plans. ODP is in the process of assessing how many individuals may exceed the P/FDS FY 17/18 cap limitation. In the interim, ODP communicated in Announcement #036-17, that "if there are individual ISPs that will likely exceed the P/FDS cap of \$33,000 for FY 17/18, ODP is advising to only authorize Community Participation Support services and In Home and Community Support services for a six (6) month period (July 1, 2017 through December 31, 2017).</p>
P/FDS Cap	Do SCs need to notify individuals and families about due process related to the 6 month service authorizations on ISPs?	Notification to individuals and families is not required as services are not being reduced, suspended or denied. The 6-month authorization of services is a means to continue services within the cap until ODP identifies a long-term solution.

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SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION				
Service Staffing Ratios	What services have different service levels for FY 2017/2018?	SCs should be mindful that not all service levels and staffing ratios for FY 17/18 align with service levels and staffing ratios for FY 16/17. Please note: the new staffing ratios are not reflected in the HCSIS service name. Below is a FY 16/17 to FY 17/18 crosswalk for Companion and In-Home and Community Support services:				
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## FY 2017/2018 FAQ GUIDANCE – Version 7

SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION				
<b>Renamed Services</b>	Below is a list of renamed services for FY 17/18, effective 7/1/17. Service name iterations for ECS (enhanced communication services) also were changed in HCSIS but are not included in the summary below:					
		<b>FY 16/17 SERVICE NAME</b>	<b>FY 17/18 SERVICE NAME</b>	<b>PROCEDURE CODE</b>	<b>PROVIDER TYPE</b>	<b>SPECIALTY</b>
		Nursing - LPN 15 minutes	Nursing - (1:1) LPN-15 minutes	T2025	05	051
		Nursing - RN 15 minutes	Nursing - (1:1) RN-15 minutes	T2025	05	051
		Resid Hab-Unlic 1-Indiv Family Liv Home (Eligible)	Life Sharing-1 per-Elig-Unlic	W7037	52	524
		Resid Hab-Unlic 2-Indiv Family Liv Home (Eligible)	Life Sharing-2 per-Elig-Unlic	W7039	52	524
		Home and Comm. Hab (Unlicensed) (Level 1)-15 Mins	In-Home & Commnty Supprts (Basic)	W7058	51	510
		Home and Comm. Hab (Unlicensed) (Level 2)-15 Mins	In-Home & Commnty Supprts (Lvl 1)	W7059	51	510
		Home and Comm. Hab (Unlicensed) (Level 3)-15 Mins	In-Home & Commnty Supprts (Lvl 2)	W7060	51	510
		Home and Comm. Hab (Unlic) (Level 3 Enh)-15 Mins	In-Home & Commnty Supprts (Lvl 2 Enh)	W7061	51	510
		Home and Comm. Hab (Unlicensed)(Level 4)-15 Min	In-Home & Commnty Supprts (Lvl 3)	W7068	51	510
		Home and Comm. Hab (Unlic)(Level 4 Enh)-15 Min	In-Home & Commnty Supprts (Lvl 3 Enh)	W7069	51	510
		Behavioral Support	Behavioral Supports-Level 1-Initial/Ongoing	W7095	51	508
		Supported Employment-15 Mins	Supported Employment - Career Assessment	W7235	53	530
		Transitional Work Services(Base)-15 min	Small Group Employment (Base)-15 min	W7237	51	516
		Transitional Work Services(Level 1)-15 min	Small Group Employment (Level 1)-15 min	W7239	51	516
		Transitional Work Services(Level 2)-15 min	Small Group Employment (Level 2)-15 min	W7241	51	516
		Transitional Work Services (Level 3)-15 Mins	Small Group Employment (Level 3)-15 Mins	W7245	51	516
		As stated earlier, when a service is renamed in HCSIS, HCSIS treats it as a new service and the old name is end-dated while the new name receives an Effective Begin Date for the day after the Effective End Date of the renamed service. This is important to know because when creating provisional service contracts, the "renamed" service is treated by HCSIS as a new service and; therefore, will not create a provisional service contract because no FY 16/17 plans contained the "new" service.				

## FY 2017/2018 FAQ GUIDANCE – Version 7

SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION																								
In-Home and Community Supports vs Residential Services	<b>July 28, 2017:</b>	In Home and Community Supports is permitted to have overlapping date segments on an ISP with Residential Habilitation Unlicensed (eligible and ineligible) for the period 7/1/17 through 12/31/17. However, beginning 1/1/2018, these two (2) services may not have overlapping date segments on the individual's ISP. The error message below will set when HCSIS identifies overlapping date segments. To bypass this edit, the ISP should have two (2) service/date segments for the <u>eligible</u> unlicensed Residential Habilitation service (7/1/2017-12/31/17 and 1/1/2018-6/30/2018) and two (2) more service/date segments for the <u>ineligible</u> unlicensed Residential Habilitation service (7/1/2017-12/31/17 and 1/1/2018-6/30/2018).																								
	<b>June 9, 2017:</b>	<p><b>Error Message on Service Details Screen:</b> ODP has received a comment that SCs/SCOs are receiving the following error message when putting In-Home and community Supports in a plan for someone who receives Residential services.</p> <p><i>"'Resid Hab' &amp; 'In-Home Community Supports' cannot have overlapping service effective dates. Please adjust the services in compliance with waiver requirements."</i></p> <p>ODP set up hard stops in HCSIS to prevent In-Home and Community Supports and residential services with overlapping date segments from being submitted by the SC. Below is a chart that describes under what conditions this occurs:</p> <table border="1"> <thead> <tr> <th>Service Name 1</th><th>Service Name 2</th><th>Service 1 and 2 cannot overlap if services on the plan start on and after...</th><th>Comments</th></tr> </thead> <tbody> <tr> <td>In-Home and Community Supports (Service start date 7/1/2017)</td><td>Life Sharing - Unlic (Service start date 7/1/17)</td><td>1/1/2018</td><td>This logic will trigger at plan submission if service effective dates overlap after 1/1/2018. (services can exist and overlap on a plan starting 7/1 through 12/31/17)</td></tr> <tr> <td>In-Home and Community Supports (Service start date 7/1/2017)</td><td>Life Sharing - Needs Based (Service start date 1/1/18)</td><td>1/1/2018</td><td>This logic will trigger at plan submission if service effective dates overlap after 1/1/2018. The effective date of the Life Sharing service 1/1/2018 will govern this as overlap prior to this is not possible.</td></tr> <tr> <td>In-Home and Community Supports (Service start date 7/1/2017)</td><td>Supported Living - Needs Based (Service start date 7/1/17)</td><td>7/1/2017</td><td>This logic will trigger at plan submission if service effective dates overlap after 7/1/2017.</td></tr> <tr> <td>In-Home and Community Supports (Service start date 7/1/2017)</td><td>Residential Habilitation - Needs Based (Service start date 1/1/18)</td><td>1/1/2018</td><td>This logic will trigger at plan submission if service effective dates overlap after 1/1/2018. The effective date of the Residential Habilitation service (1/1/2018) will govern this as overlap prior to this is not possible.</td></tr> <tr> <td>In-Home and Community Supports (Service start date 7/1/2017)</td><td>Residential Habilitation -Unlic (Existing/Ongoing)</td><td>1/1/2018</td><td>This logic will trigger at plan submission if service effective dates overlap after 1/1/2018. Services can exist and overlap on a plan starting 7/1/2017 through 12/31/2017.</td></tr> </tbody> </table>		Service Name 1	Service Name 2	Service 1 and 2 cannot overlap if services on the plan start on and after...	Comments	In-Home and Community Supports (Service start date 7/1/2017)	Life Sharing - Unlic (Service start date 7/1/17)	1/1/2018	This logic will trigger at plan submission if service effective dates overlap after 1/1/2018. (services can exist and overlap on a plan starting 7/1 through 12/31/17)	In-Home and Community Supports (Service start date 7/1/2017)	Life Sharing - Needs Based (Service start date 1/1/18)	1/1/2018	This logic will trigger at plan submission if service effective dates overlap after 1/1/2018. The effective date of the Life Sharing service 1/1/2018 will govern this as overlap prior to this is not possible.	In-Home and Community Supports (Service start date 7/1/2017)	Supported Living - Needs Based (Service start date 7/1/17)	7/1/2017	This logic will trigger at plan submission if service effective dates overlap after 7/1/2017.	In-Home and Community Supports (Service start date 7/1/2017)	Residential Habilitation - Needs Based (Service start date 1/1/18)	1/1/2018	This logic will trigger at plan submission if service effective dates overlap after 1/1/2018. The effective date of the Residential Habilitation service (1/1/2018) will govern this as overlap prior to this is not possible.	In-Home and Community Supports (Service start date 7/1/2017)	Residential Habilitation -Unlic (Existing/Ongoing)	1/1/2018
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## FY 2017/2018 FAQ GUIDANCE – Version 7

SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION																		
<b>In-Home and Community Supports vs Residential Services</b>	How can I attach these services when I receive the error message on service details screen?	<p><b><u>June 16, 2017</u></b> An example of how to attach services for FY 17/18 will be as follows:</p> <table border="1"> <thead> <tr> <th>Service Name</th><th>Start Date</th><th>End Date</th></tr> </thead> <tbody> <tr> <td>In Home and Community Supports</td><td>7/1/2017</td><td>12/31/2017</td></tr> <tr> <td>Community Participate Supports</td><td>1/1/2018</td><td>6/30/2018</td></tr> <tr> <td>Residential Services</td><td>7/1/2017</td><td>12/31/2017</td></tr> <tr> <td>Residential Services with Day</td><td>1/1/2018</td><td>6/30/2018</td></tr> <tr> <td>Residential Services without Day</td><td>1/1/2018</td><td>6/30/2018</td></tr> </tbody> </table>	Service Name	Start Date	End Date	In Home and Community Supports	7/1/2017	12/31/2017	Community Participate Supports	1/1/2018	6/30/2018	Residential Services	7/1/2017	12/31/2017	Residential Services with Day	1/1/2018	6/30/2018	Residential Services without Day	1/1/2018	6/30/2018
Service Name	Start Date	End Date																		
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Residential Services	7/1/2017	12/31/2017																		
Residential Services with Day	1/1/2018	6/30/2018																		
Residential Services without Day	1/1/2018	6/30/2018																		
<b>14-Hour Daily Limitation</b>	What is the effective date for the 14-hour daily limitation?	<p><b><u>June 16, 2017</u></b></p> <p><b>CORRECTION:</b> Please note that ODP Announcements # 028-17 contained the incorrect date for implementation of the 14-hour limitation. For Consolidated Waiver only, effective starting <b>January 1, 2018</b>, a participant may be authorized for a maximum of 14 hours per day of the following services (whether authorized alone or in combination with one another): See correction below.</p> <p><b><u>June 9, 2017</u></b></p> <p>For Consolidated Waiver only, effective starting <b>January 1, 2018</b>, a participant may be authorized for a maximum of 14 hours per day of the following services (whether authorized alone or in combination with one another):</p> <ul style="list-style-type: none"> <li>• In-Home and Community Support.</li> <li>• Companion.</li> <li>• Community Participation Support.</li> </ul> <p>A variance may be made to the 14 hour per day limitation in accordance with ODP policy, when the participant has a physical health, mental health or behavioral need that requires services be provided more than 14 hours per day.</p> <p>ODP will be issuing a separate communication outlining the procedures and process to request a variance or exception to any waiver service limit.</p>																		



**FY 2017/2018 FAQ GUIDANCE – Version 7**

SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION
<b>14-Hour Daily Limitation</b>	Billing	<p><b><u>June 16, 2017</u></b></p> <p>For dates of service 1/1/2018 and forward, there will be an informational edit that will set in PROMISe when the system determines that the 14 hour daily limitation (alone or in combination with one another) has been exceeded for the following services:</p> <ul style="list-style-type: none"> <li>• In-Home and Community Support.</li> <li>• Companion.</li> <li>• Community Participation Support.</li> </ul>
<b>Fee Schedule Rates</b>	Where are the fee schedule rates located?	<p>Cut and paste the following path into your web browser to view the most current rates:</p> <p><a href="http://www.dhs.pa.gov/provider/developmentalprograms/2017waiverrenewals/Appendies/index.htm">http://www.dhs.pa.gov/provider/developmentalprograms/2017waiverrenewals/Appendies/index.htm</a></p>

## FY 2017/2018 FAQ GUIDANCE – Version 7

SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION
<b>ODP Contacts</b>	Who can we contact if we have additional questions related to FY ISP plans?	All inquiries regarding FY ISPs should be sent to <a href="mailto:RA-odpispinquiries@pa.gov">RA-odpispinquiries@pa.gov</a>
<b>PPL</b>	Do we need updated rate sheets?	If a new rate sheet is needed, the Common Law Employer will be contacted by the AE. At this time, ODP will only request new rate sheets for individuals receiving Supportive Employment.
<b>PPL</b>	I am getting an error code when attempting to add services on the FMS screens.	<b>June 23, 2017</b> Make sure to enter the start and end date in the following format: MM-DD-YYYY.
<b>AWC</b>	Has the fee schedule changed for services authorized through AWC? I saw the monthly admin fee, but no other information on rates for AWC.	<p><b>June 23, 2017</b> Draft wage ranges were released and can be found here: <a href="http://www.dhs.pa.gov/provider/developmentalprograms/2017waiverrenewals/Appendies/index.htm">http://www.dhs.pa.gov/provider/developmentalprograms/2017waiverrenewals/Appendies/index.htm</a></p> <p><b>June 16, 2017</b> The wage ranges have not yet been released. The same fee schedule that is released is also used for AWC services.</p>
<b>Funding Streams</b>	Residential Habilitation Ineligible Services do have the correct funding streams available to select.	<p><b>June 16, 2017</b> On June 15, 2017, The “CONSOLIDATED MAINTENANCE-Waiver Eligible” and “HSDF/Base Maintenance-Waiver Ineligible” funding streams were added to the following services for selection by the AE on the authorize service screen:</p> <ul style="list-style-type: none"> <li>• Res Hab-Lic-1 Person-Inelig (W9001)</li> <li>• Res Hab-Lic-2 Person-Inelig (W9030)</li> <li>• Res Hab-Lic-3 Person-Inelig (W9046)</li> </ul> <p>An additional funding stream will be added to Res Hab-Lic-4 Person-Inelig (W9048), "INELIGIBLE CONSOLIDATED WAIVER MAINTENANCE - Waiver Ineligible"</p>
<b>Funding Streams</b>	For “Res Hab-Lic-4 Person-Inelig”, "INELIGIBLE CONSOLIDATED WAIVER MAINTENANCE - Waiver Ineligible" funding stream not available.	<p><b>June 23, 2017</b> The funding stream, "INELIGIBLE CONSOLIDATED WAIVER MAINTENANCE - Waiver Ineligible" has been added to W9048, “Res Hab-Lic-4 Person-Inelig”, and should now be visible in HCSIS</p>

**FY 2017/2018 FAQ GUIDANCE – Version 7**

SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION
<b>SSD</b>	Duplicate instances of service name	<p><b><u>June 16, 2017</u></b> HCSIS is designed to display multiple instances of a service when that service is associated with multiple specialties. For example, “Life Sharing-2 person-Elig-NG 1” represents the Child and Adult settings and thus is associated with two different specialties. In this example, 2 instances will be show as selection options on the SSD, 1 for each setting. We acknowledge this is confusing for users and are in the process of determining a solution.</p>
<b>Participant Directed Goods and Services, Procedure Code T5999 SE</b>	Service not visible on the vendor screens in HCSIS	<p><b><u>June 30, 2017</u></b> This service should now be available in the vendor screens.</p> <p><b><u>June 23, 2017</u></b> A new service, “Participant Directed Goods and Services” (T5999 SE), found in the P/FDS waiver only, is anticipated to appear on the vendor screens on 6/28/17.</p>
<b>Needs Level/Needs Group Screen in HCSIS</b>	2 <sup>nd</sup> Needs Level Load	<p><b><u>June 23, 2017</u></b> A second Needs Level/Needs Group load is anticipated to occur the evening of June 29, 2017 and is anticipated to be visible in HCSIS on Friday, June 30, 2017. There will be 1063 Needs Levels/Needs Groups added to HCSIS. The begin date for the Needs Level/Needs Group values contained in the load will be 7/1/2017.</p>
<b>Small Group Employment</b>	Is Small Group Employment included as a service that can exceed the P/FDS cap by \$15,000?	<p><b><u>June 30, 2017</u></b> No. The P/FDS cap limit can be exceeded by \$15,000 <b><u>ONLY</u></b> for Advanced Supported Employment or Supported Employment services. Note: Small Group Employment services are Transitional Services renamed.</p>
<b>Community Participation Supports (CPS) 100%</b>	When may I add CPS 100% as a service offering?	<p><b><u>June 30, 2017</u></b> Providers who rendered Home and Community Habilitation (Provider type 51/Specialty 510) in FY 2016/2017 that wish to render Community Participation Services in FY 2017/2018 at 100% do not need to wait to become qualified for CPS service. Providers may add CPS 100% service offerings to their SSD because they are already qualified as a provider type 51/specialty 510, which enables a HCSIS contract to be created.</p> <p>Community Participation Support service definition and provider qualifications, associated with the enhanced staff requirements, was updated in the waivers to align with enhanced qualifications in the In-Home and Community Support service. See approved waivers for details. These qualification requirements will go into effect January 1, 2018.</p>

## FY 2017/2018 FAQ GUIDANCE – Version 7

SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION
<b>Community Participation Fee Schedule Rate</b>	There was an error in the draft fee schedule chart posted on the DHS website on June 22, 2017.	<p><b><u>June 30, 2017</u></b></p> <p>The rate for Community Participation Support code W5967 was posted as \$5.59 but should have been \$6.59. This has been corrected in the draft fee schedule chart available at <a href="http://dhs.pa.gov/provider/developmentalprograms/2017waiverrenewals/Appendies/index.htm">http://dhs.pa.gov/provider/developmentalprograms/2017waiverrenewals/Appendies/index.htm</a></p>
<b>Billing</b>	Timely Claim Submissions	<p><b><u>June 23, 2017</u></b></p> <p>Under 55 Pa. Code Chapter 1101.68(b)(1), all providers of Medical Assistance (MA) services are required to submit original invoices no later than 180 days from the date of service (DOS). If an original claim is submitted and denied, providers have 365 days from the date of service to resubmit the original claim.</p> <p>When resubmitting an original claim, enter the original Internal Control Number (ICN) from the initial claim into the “Original ICN” field. By doing this, the provider will bypass the 180-day timely filing edit and be given a maximum of 365 calendar days from the DOS to correct the claim. Federal regulations allow up to 365 calendar days from the DOS for resubmission of a rejected original claim or claim adjustment.</p>
<b>Billing</b>	For CPS services, PROMISE™ is not allowing me to submit a claim detail line with a weekly date span.	<p><b><u>July 14, 2017</u></b>: Effective 7/12/2017, Providers may bill CPS services to PROMISE™ using a weekly span date on a single claim detail line.</p> <p><b>Please note</b>: A calendar week in PROMISE™ is from Sunday to Saturday. Claims detail lines submitted that overlap calendar weeks will be denied and Error Status Code (ESC) 782, “Cannot span a calendar week”, will set on the claim.</p>
<b>Billing</b>	When I submit a claim detail line that contains a date span, PROMISE™ is cutting back my day units to one (1) day unit and approving payment based on one day unit. Why?	<p><b><u>August 4, 2017</u></b>: ODP is aware that, for the majority of new services, PROMISE™ is not allowing payment for all days represented in a date span. For example, if a claim detail line contained a “From DOS” as 7/1/17 and a “To DOS” as 7/3/17 and “Units Billed” is 3 day units, PROMISE™ is cutting back the units allowed to one (1) and only approving payment for one unit.</p> <p>ODP is actively in the process of correcting this issue. Upon notification that the update was made, ODP will communicate broadly. In the meantime, continue to bill to ensure your claims are submitted within the timely filing limitation. To ensure you continue to be paid, it is recommended that you bill each day on a separate claim detail line. Once the issue is resolved, you will be able to submit claims for multiple days on one claim detail line.</p>

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SERVICE/SUBJECT	ISSUE/SITUATION	GUIDANCE/CLARIFICATION
<b>Contract Creation</b>	I still see that a <b>Service Contract Type</b> is Provisional On-Hold. What can I do to convert the contract type to Real?	<u><b>July 14, 2017:</b></u> ODP is aware that there are a large number of services that still show as Provisional On-Hold (POH). For most of the POH instances, ODP will need to create a contract in order for the POH status to convert to Real. ODP is currently in the process of performing contract creation. There is a high volume of POH contracts that need to be converted. ODP appreciates your patience as we work to complete this task.
<b>AE Dashboard</b>	Are Critical Revisions for the Consolidated waiver eligible for auto approval/auto authorization?	<u><b>7/28/17:</b></u> No. All Consolidated waiver Critical Revisions are routed to the AE Dashboard for manual review by the AE.
<b>Service Offerings</b>	I am unable to add specific service offerings to my SSD and receive the error message, "Duplicate Services cannot be selected".	<u><b>August 4, 2017:</b></u> ODP is aware that some providers are unable to add service offerings. There is an existing bug in HCSIS that is causing this issue and a correction is planned for September 2017. Providers may try a temporary workaround to correct the issue:  <b>Temporary Solution:</b>  1) Modify the Begin Date of the Service Offering to a later date (i.e. 7/1/17) 2) If the Service Offering is successfully created, navigate to the Provider Registration > Service Offerings > Modify Services screen 3) Select the same Program Office, County/Joinder, and Site for the Service Offering 4) Select the same Service Offering and click [Continue] 5) Modify the Service Begin Date and/or Service End Date as needed and click [Save and Continue] 6) The system will update the Service Offering dates to the expected dates  If the above workaround does not work, contact the HCSIS Helpdesk ( <b>1-866-444-1264</b> ) and provide them with the MPI, Service Location, County, Procedure Code and Modifiers, Provider Type, Specialty, Service Begin Date and Service End Date. Corrections (data fixes) will be performed on a case-by-case basis until the issue is permanently corrected in HCSIS.

**APPENDIX A: RESPITE 15 Minutes (Licensed and Unlicensed)**

**Respite 15 Minutes  
FY 2016/2017 vs FY 2017/2018**

FY 16/17 HCSIS SERVICE DESCRIPTION	FY 17/18 STAFFING RATIOS	FY 16/17 PROC CODE	END DATE IN HCSIS	FY 17/18 HCSIS SERVICE DESCRIPTION	FY 16/17 PROC CODE	START DATE IN HCSIS
Respite-In Home 15 Mins (Basic)-15 Mins	1:4	W7255	12/31/2017	Respite-Unlic- 15-min (Basic 1:4)	W8096	7/1/2017
Respite-Unlic Out-of-Home 15 Mins (Basic)	1:4	W8010	12/31/2017			
Respite-In Home 15 Mins (Level 1)-15 Mins	<1:4 to 1:1	W7256	12/31/2017	Respite-Unlic-15-min(Level 1, 1:3) In-Home  - OR -	W9860 <sup>2</sup>	7/1/2017
Respite-Unlic Out-of-Home 15 Mins (Level 1)	<1:4 to 1:1	W8011	12/31/2017			
Respite-In Home 15 Mins (Level 1)-15 Mins	<1:4 to 1:1	W7256	12/31/2017	Respite-Unlic-15-min(Level 2, 1:2)In-Home	W9861 <sup>3</sup>	7/1/2017
Respite-Unlic Out-of-Home 15 Mins (Level 1)	<1:4 to 1:1	W8011	12/31/2017			
Respite-In Home 15 Mins (Level 2)-15 Mins	1:1	W7258	12/31/2017	Respite-Unlic-15-min(Level 3, 1:1)In-Home	W9862	7/1/2017
Respite-Unlic Out-of-Home 15 Mins (Level 2)	1:1	W8012	12/31/2017			
Respite-In Home 15 Mins (Level 2 Enh)-15 Mins.	1:1 RN/LPN	W7264	12/31/2017	Respite-Unlic- 15-min(Level 3, 1:1 Enhcd)	W9863 <sup>4</sup>	7/1/2017
Respite-Unlic Out-of-Home 15 Mins (Level 2 Enh)	1:1 RN/LPN	W8012	12/31/2017			
Respite-In Home 15 Mins (Level 3)-15 Mins.	2:1	W7265	12/31/2017	Respite-Unlic-15-min(Lvl 4, 2:1) In-Home	W9864	7/1/2017
Respite-Unlic Out-of-Home 15 Mins (Level 3)	2:1	W8014	12/31/2017			
Respite-In Home 15 Mins (Level 3 Enh)-15 Mins.	2:1 RN/LPN	W7266	12/31/2017	Respite-Unlic-15-min(Level 4, 2:1 Enhanced)	W8095 <sup>5</sup>	7/1/2017
Respite-Unlic Out-of-Home 15 Mins (Level 3 Enh)	2:1 RN/LPN	W8015	12/31/2017			
Respite-Licen Out-of-Home 15 Mins(Basic)-15 Mins		W7267	12/31/2017	With the Waiver Renewals, Respite Licensed Out-of-Home (15 Minutes) is NO LONGER AVAILABLE beginning 7/1/2017. <u><b>This service should not be added to FY 17/18 ISPs.</b></u>		
Respite-Licen Out-of-Home 15 Mins(Level 1)-15 Mins		W7268	12/31/2017			
Respite-Licen Out-of-Home 15 Mins(Level 2)-15 Mins		W7270	12/31/2017			
Respite-Licen Out-of-Home 15 Mins (Level 2 Enh)		W7400	12/31/2017			
Respite-Licen Out-of-Home 15 Mins (Level 3)		W7401	12/31/2017			
Respite-Licen Out-of-Home 15 Mins (Level 3 Enh)		W7402	12/31/2017			

<sup>1</sup> Enhanced Communication services (ECS) applies to all services on this list but are not displayed.

<sup>2</sup> Assess the individual's current staffing ratio and select the respite service that most appropriately aligns with the anticipated need(s) of the individual.

<sup>3</sup> Ditto

<sup>4</sup> The rate for W9863 and W9864 incorporates the use of either a RN or LPN. As a result, these services do not include a TD or TE modifier in the service name.

<sup>5</sup> Ditto

**APPENDIX B: RESPITE UNLICENSED DAY**

<b>CROSSWALK<sup>1</sup></b> <b>Respite Day (UNLICENSED)</b> <b>FY 2016/2017 vs FY 2017/2018</b>						
<b>FY 16/17 HCSIS SERVICE DESCRIPTION</b>	<b>FY 16/17 STAFFING RATIOS</b>	<b>FY 16/17 PROC CODE</b>	<b>END DATE IN HCSIS</b>	<b>FY 17/18 HCSIS SERVICE DESCRIPTION</b>	<b>FY 17/18 PROC CODE</b>	<b>START DATE IN HCSIS</b>
<b>Respite-In Home 24 Hours (Basic)-Day</b>	1:4	W7247	12/31/2017	Respite-Unlic-Day (Basic 1:4) Out-of-Home	W9795	7/01/2017
<b>Respite-Unlic Out-of-Home 24 Hours (Basic)</b>	1:4	W8000	12/31/2017	Respite-Unlic-Day (Basic 1:4) In-Home	W9795	7/01/2017
<b>Respite-In Home 24 Hours (Level 1)-Day</b>	<1:4 to 1:1	W7248	12/31/2017	Respite-Unlic-Day (Level 1, 1:3) In-Home	W9796	7/01/2017
				<b>OR</b> Respite-Unlic-Day (Level 2, 1:2) In-Home	W9797	7/01/2017
<b>Respite-Unlic Out-of-Home 24 Hours (Level 1)</b>	<1:4 to 1:1	W8001	12/31/2017	Respite-Unlic-Day (Level 1, 1:3) Out-of-Home	W9796	7/01/2017
				<b>OR</b> Respite-Unlic-Day (Level 2, 1:2) Out-of-Home	W9797	7/01/2017
<b>Respite-In Home 24 Hours (Level 2)-Day</b>	1:1	W7250	12/31/2017	Respite-Unlic-Day (Level 3, 1:1) In-Home	W9798	7/01/2017
<b>Respite-Unlic Out-of-Home 24 Hours (Level 2)</b>	1:1	W8002	12/31/2017	Respite-Unlic-Day (Level 3, 1:1) Out-of-Home	W9798	7/01/2017
<b>Respite-In Home 24 Hours (Level 2 Enh<sup>2</sup>)-Day</b>	1:1 RN/LPN	W7251	12/31/2017	Respite-Unlic-Day (Level 3, 1:1 Enh) In-Home	W9799	7/01/2017
<b>Respite-Unlic Out-of-Home 24 Hours (Level 2 Enh)</b>	1:1 RN/LPN	W8003	12/31/2017	Respite-Unlic-Day (Level 3, 1:1 Enh) Out-of-Home	W9799	7/01/2017
<b>Respite-In Home 24 Hours (Level 3)-Day</b>	2:1	W7252	12/31/2017	Respite-Unlic-Day (Level 4, 2:1) In-Home	W9800	7/01/2017
<b>Respite-Unlic Out-of-Home 24 Hours (Level 3)</b>	2:1	W8004	12/31/2017	Respite-Unlic-Day (Level 4, 2:1) Out-of-Home	W9800	7/01/2017
<b>Respite-In Home 24 Hours (Level 3 Enh)-Day</b>	2:1 RN/LPN	W7253	12/31/2017	Respite-Unlic-Day (Level 4, 2:1 Enhcd) In-Home	W9801	7/01/2017
<b>Respite-Unlic Out-of-Home 24 Hours (Level 3 Enh)</b>	2:1 RN/LPN	W8005	12/31/2017	Respite-Unlic-Day(Level 4, 2:1 Enhcd) Out-of-Home	W9801	7/01/2017

<sup>1</sup> Enhanced Communication services (ECS) applies to these services but are not displayed on this list.

<sup>2</sup> Enhanced levels are associated with modifiers TD/TE which represent RN/LPN. Not available for FY 17/18 because rates incorporate the use of either a RN or LPN

**APPENDIX C: FAMILY LIVING vs LIFE SHARING**

<b>Family Living vs Life Sharing Crosswalk<sup>3</sup></b>						
<b>FY 16/17 Service Name in HCSIS</b>	<b>Procedure Code</b>	<b>Begin Date</b>	<b>End Date</b>	<b>FY 17/18 Service Name in HCSIS</b>	<b>Procedure Code</b>	<b>Begin Date</b>
<b>Resid Hab-Unlic 1-Indiv Family Liv Home (Eligible)</b>	W7037	7/1/2009	6/30/17	Life Sharing-1 per-Elig-Unlic	W7037	7/1/2017
<b>Resid Hab-Unlic 1-Indiv Family Liv Home (Inelig)</b>	W7038	7/1/2009	6/30/17	<b>NOT AVAILABLE</b>	<b>N/A</b>	<b>N/A</b>
<b>Resid Hab-Unlic 2-Indiv Family Liv Home (Eligible)</b>	W7039	7/1/2009	6/30/17	Life Sharing-2 per-Elig-Unlic	W7039	7/1/2017
<b>Resid Hab-Unlic 2-Indiv Family Liv Home (Inelig)</b>	W7040	7/1/2009	6/30/17	<b>NOT AVAILABLE</b>	<b>N/A</b>	<b>N/A</b>
<b>Family Liv 1-Indiv Home Adult (6500 Eligible)</b>	W7291	7/1/2009	12/31/17	Life Sharing-1 person-Elig-NG 1	W8593 U5	1/1/2018
				Life Sharing-1 person-Elig-NG 1-by relative	W8593 U5 SE	
				Life Sharing-1 person-Elig-NG 2	W8593 U6	
				Life Sharing-1 person-Elig-NG 2-by relative	W8593 U6 SE	
				Life Sharing-1 person-Elig-NG 3	W8593 U7	
				Life Sharing-1 person-Elig-NG 3-by relative	W8593 U7 SE	
				Life Sharing-1 person-Elig-NG 4	W8593 U8	
				Life Sharing-1 person-Elig-NG 4-by relative	W8593 U8 SE	
<b>Family Liv 1-Indiv Home Adult (6500 Inelig)</b>	W7292	7/1/2009	06/30/17	<b>NOT AVAILABLE</b>	<b>N/A</b>	<b>N/A</b>
<b>Family Liv 2-Indiv Home Adult (6500 Eligible)</b>	W7293	7/1/2009	12/31/17	Life Sharing-2 person-Elig-NG 1	W8595 U5	1/1/2018
				Life Sharing-2 person-Elig-NG 1-by relative	W8595 U5 SE	
				Life Sharing-2 person-Elig-NG 2	W8595 U6	
				Life Sharing-2 person-Elig-NG 2-by relative	W8595 U6 SE	
				Life Sharing-2 person-Elig-NG 3	W8595 U7	
				Life Sharing-2 person-Elig-NG 3-by relative	W8595 U7 SE	

<sup>3</sup> Enhanced Communication services (ECS) apply to all services on this list but are not displayed.



**APPENDIX C: FAMILY LIVING vs LIFE SHARING**

Family Living vs Life Sharing Crosswalk <sup>3</sup>						
FY 16/17 Service Name in HCSIS	Procedure Code	Begin Date	End Date	FY 17/18 Service Name in HCSIS	Procedure Code	Begin Date
				Life Sharing-2 person-Elig-NG 4	W8595 U8	
				Life Sharing-2 person-Elig-NG 4-by relative	W8595 U8 SE	
Family Liv 2-Indiv Home Adult (6500 Inelig)	W7294	7/1/2009	6/30/17	NOT AVAILABLE	N/A	N/A
Family Liv 1-Indiv Home Child (6500 Eligible)	W7295	7/1/2009	12/31/17	Life Sharing-1 person-Elig-NG 1	W8593 U5	1/1/2018
				Life Sharing-1 person-Elig-NG 1-by relative	W8593 U5 SE	
				Life Sharing-1 person-Elig-NG 2	W8593 U6	
				Life Sharing-1 person-Elig-NG 2-by relative	W8593 U6 SE	
				Life Sharing-1 person-Elig-NG 3	W8593 U7	
				Life Sharing-1 person-Elig-NG 3-by relative	W8593 U7 SE	
				Life Sharing-1 person-Elig-NG 4	W8593 U8	
				Life Sharing-1 person-Elig-NG 4-by relative	W8593 U8 SE	
Family Liv 1-Indiv Home Child (6500 Inelig)	W7296	7/1/2009	06/30/17	NOT AVAILABLE	N/A	N/A
Family Liv 2-Indiv Home Child (6500 Eligible)	W7297	7/1/2009	12/31/17	Life Sharing-2 person-Elig-NG 1	W8595 U5	1/1/2018
				Life Sharing-2 person-Elig-NG 1-by relative	W8595 U5 SE	
				Life Sharing-2 person-Elig-NG 2	W8595 U6	
				Life Sharing-2 person-Elig-NG 2-by relative	W8595 U6 SE	
				Life Sharing-2 person-Elig-NG 3	W8595 U7	
				Life Sharing-2 person-Elig-NG 3-by relative	W8595 U7 SE	
				Life Sharing-2 person-Elig-NG 4	W8595 U8	
				Life Sharing-2 person-Elig-NG 4-by relative	W8595 U8 SE	
Family Liv 2-Indiv Home Child (6500 Inelig)	W7298	7/1/2009	6/30/2017	NOT AVAILABLE	N/A	N/A

## APPENDIX D: SERVICE COMBINATION RULE

After plan submission by the SC, HCSIS will look for the service combinations and date segments found in the chart below. When found, these scenarios are routed to the AE for manual review. The reason these rules were set up is to highlight them for the AE so they can take a closer look at the plan and ensure the services added to the plan are appropriate to meet the needs of the individual. The scenarios are aligned with policy for the identified services. The rules themselves do not prevent the AE from authorizing the combinations below.

Service Combinations Routed to AE for Manual Review After Plan Submitted by SC Logic initiated on 5/20/17: Sets Rule Name "Service Combination Rule"		
Service 1	Service 2	Service 1 and 2 cannot have date overlap if service start date on plan is after...
Residential Habilitation – (Needs Based, start date 1/1/2018)	Life Sharing - Unlic (Start date 7/1/2017)	1/1/2018
Residential Habilitation -Unlic (Today - Ongoing)	Life Sharing - Unlic (Start date 7/1/2017)	7/1/2017
Residential Habilitation – (Needs Based, start date 1/1/2018)	Life Sharing – (Needs Based, start date 1/1/2018)	1/1/2018
Residential Habilitation -Unlic (Today - Ongoing)	Life Sharing – (Needs Based, start date 1/1/2018)	1/1/2018
Residential Habilitation Lic (Today-12/31/2017)	Supported Living - (Needs Based, start date 7/1/2017)	7/1/2017
Residential Habilitation – (Needs Based, start date 1/1/2018)	Supported Living - (Needs Based, start date 7/1/2017)	1/1/2018
Residential Habilitation -Unlic (Today - Ongoing)	Supported Living - (Needs Based, start date 7/1/2017)	7/1/2017
Life Sharing - Unlic (7/1/2017)	Supported Living - (Needs Based, start date 7/1/2017)	7/1/2017
Life Sharing – (Needs Based, start date 1/1/2018)	Supported Living - (Needs Based, start date 7/1/2017)	1/1/2018
Nursing 1:1/Nursing 1:2 (Start date 7/1/2017)	Life Sharing - Unlic (Start date 7/1/2017)	7/1/2017
Nursing 1:1/Nursing 1:2 (Start date 7/1/2017)	Life Sharing – (Needs Based, start date 1/1/2018)	1/1/2018
Nursing 1:1/Nursing 1:2 (Start date 7/1/2017)	Supported Living - (Needs Based (Start date 7/1/2017)	7/1/2017
Nursing 1:1/Nursing 1:2 (Start date 7/1/2017)	Residential Habilitation – (Needs Based, start date 1/1/2018)	1/1/2018
Nursing 1:1/Nursing 1:2 (Start date 7/1/2017)	Residential Habilitation -Unlic (Today - Ongoing)	1/1/2018

## IMPLEMENTATION DATES FOR CONSOLIDATED AND P/FDS WAIVER RENEWALS

**NOTE:** The Consolidated and P/FDS Waiver renewals contain various timeframes for implementing service definition and provider qualification requirements. The following list notes some of the substantive changes and the effective dates of these changes. This list does not contain all changes contained in the waiver renewals and additional changes may be made prior to the Centers for Medicare and Medicaid Services' approval of the waiver renewals. Please be sure to consult the final approved Consolidated and P/FDS Waiver renewals that will be made available at the Department of Human Services website (dhs.pa.gov).

### June 30, 2017 Revisions/Updates

\* Sections marked with an asterisk (\*) denote services for which a transition period has been granted. In accordance with the service definitions in the approved waiver renewals, the requirement takes effect on July 1, 2017, for participants who will be newly authorized to receive the service on July 1<sup>st</sup> or later. However, participants who were authorized for this service prior to July 1<sup>st</sup> and would be affected by this change in the service definition will have a transition period to come into compliance with the requirement by January 1, 2018.

### Behavioral Support

Start Date	Requirement
July 1, 2017	There are two levels of service that reflect differing levels of provider qualifications and participant needs. Participants requiring Level 2 support will have demonstrated complex needs, including regression or lack of adequate progress with Level 1 support, or be deemed at high risk for decreased stability in the absence of Level 2 support. Providers may submit qualification application for Level 2 after CMS approval of the waiver renewals.
July 1, 2017	Behavioral Support may only be authorized as a discrete service for individuals who are authorized to receive Supported Living when it is used to support a participant to access Community Participation Support or his or her place of employment. <b>Consolidated Waiver Only</b>
January 1, 2018	Behavioral Support may only be authorized as a discrete service for individuals who are authorized to receive Residential Habilitation or Life Sharing when it is used to support a participant to access Community Participation Support or his or her place of employment. <b>Consolidated Waiver Only</b>

## APPENDIX E: IMPLEMENTATION DATES FOR CONSOLIDATED AND P/FDS WAIVER RENEWALS

<p><b><u>June 30, 2017 Revision</u></b></p> <p>* January 1, 2018</p> <p><u>June 23, 2017 version</u> noted January 1, 2018 as start date, not transition period granted for existing participants</p>	<p>Behavioral Support as a discrete service will no longer be available to people under 21 years of age as it is a covered service in EPSDT. Participants under 21 who receive residential services do not need to be transitioned to EPSDT for Behavioral Support services.</p>
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### **Community Participation Support**

<b>Start Date</b>	<b>Requirement</b>
January 1, 2018	Participants may receive a maximum of 14 hours/day of the following services (alone or in combination): In-Home and Community Support, Companion and Community Participation Support. A variance may be granted. <b>Consolidated Waiver Only</b>
January 1, 2018	<p>At least one staff person must have one of the following certifications or degrees to provide Level 3 enhanced or Level 4 enhanced services to participants who do not require a nurse to provide the enhanced level of service:</p> <ul style="list-style-type: none"> <li>• NADD Competency Based Clinical Certification.</li> <li>• NADD Competency-Based Dual Diagnosis Certification.</li> <li>• NADD Competency-Based Direct-Support Professional Certification.</li> <li>• Registered Behavior Technician.</li> <li>• Certified Nursing Assistant.</li> <li>• Board Certified Assistant Behavior Analyst.</li> <li>• Bachelor's Degree in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.</li> </ul>
July 1, 2018	All staff must complete the Department approved training on Community Participation Support by July 1, 2018. After July 1, 2018, all new hires must complete the Department approved training on Community Participation Support within 60 days of hire and during that time they must be supervised by someone who has completed the training.
January 1, 2019	<p>Provider Qualification Requirement - For agency programs providing prevocational training to participants (in facilities and/or community locations), program specialists and supervisors must have one of the following by January 1, 2019 or within 60 days of hire if hired after November 1, 2018:</p> <ul style="list-style-type: none"> <li>• Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or</li> <li>• Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment</li> </ul>

**APPENDIX E: IMPLEMENTATION DATES FOR CONSOLIDATED AND P/FDS WAIVER RENEWALS**

	Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.
July 1, 2019	Participants may not receive Community Participation Support services in a licensed Adult Training Facility (55 Pa. Code Chapter 2380) or a licensed Vocational Facility (55 Pa. Code Chapter 2390) for more than 75 percent of his/her support time, per month. A variance may be granted.
March 17, 2019	Community Participation Support may not be provided in a licensed Adult Training Facility or a licensed Vocational Facility that enrolls on or after this date and serves more than 25 individuals at any one time.
January 1, 2022	Community Participation Support services cannot be provided in licensed Adult Training Facilities or licensed Vocational Facilities that serve more than 150 individuals at any one time.

**Companion**

Start Date	Requirement
July 1, 2017	Service Levels: Basic (staff-to-individual ratio of 1:3), Level 1 (ratio of 1:2) and Level 2 (ratio of 1:1).
July 1, 2017	Companion services may be provided at the same time as Supported Employment for the purpose of supporting the participant with personal care needs.
January 1, 2018	Participants may receive a maximum of 14 hours/day of the following services (alone or in combination): In-Home and Community Support, Companion and Community Participation Support. A variance may be granted. <b>Consolidated Waiver Only</b>

**In-Home and Community Support**

Start Date	Requirement
July 1, 2017	Service Levels: Basic (staff-to-individual ratio of 1:3), Level 1 (ratio of 1:2), Level 2 (ratio of 1:1), Level 2 Enhanced (ratio of 1:1 with a staff member who is certified, has a bachelor's degree or is a nurse), Level 3 (ratio of 2:1), Level 3 Enhanced (ratio of 2:1 with one staff member who is certified, has a bachelor's degree or is a nurse and one staff member with at least a high school diploma).
July 1-December 31, 2017	Participants receiving Residential Habilitation or Life Sharing services may use In-Home and Community Support as an alternative to either part-time or full-time Community Participation Support. <b>Consolidated Waiver Only</b>
January 1, 2018	Participants authorized to receive Residential Habilitation or Life Sharing services may not be authorized to receive In-Home and Community Support services. <b>Consolidated Waiver Only</b>

**APPENDIX E: IMPLEMENTATION DATES FOR CONSOLIDATED AND P/FDS WAIVER RENEWALS**

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January 1, 2018	Participants may receive a maximum of 14 hours/day of the following services (alone or in combination): In-Home and Community Support, Companion and Community Participation Support. A variance may be granted. <b>Consolidated Waiver Only</b>
January 1, 2018	<p>At least one staff person must have one of the following certifications or degrees to provide Level 2 enhanced or Level 3 enhanced services to participants who do not require a nurse to provide the enhanced level of service:</p> <ul style="list-style-type: none"><li>• NADD Competency Based Clinical Certification.</li><li>• NADD Competency-Based Dual Diagnosis Certification.</li><li>• NADD Competency-Based Direct-Support Professional Certification.</li><li>• Registered Behavior Technician.</li><li>• Certified Nursing Assistant.</li><li>• Board Certified Assistant Behavior Analyst.</li><li>• Bachelor's Degree in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.</li></ul>

**APPENDIX E: IMPLEMENTATION DATES FOR CONSOLIDATED AND P/FDS WAIVER RENEWALS**

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**Life Sharing (Consolidated Waiver Only)**

<b>Start Date</b>	<b>Requirement</b>
July 1, 2017	Life Sharing services may be provided in a private home where the host family is a relative of a participant.
July 1-December 31, 2017	Life Sharing services receive a cost-based rate and may no longer be authorized for an ineligible rate.
January 1, 2018	Life Sharing services receive a fee schedule rate.
July 1-December 31, 2017	The following Residential Enhanced Staffing add-ons may be used during this period: services provided by licensed nurses; Supplemental Habilitation for temporary medical or behavioral needs; Additional Individualized Staffing.
January 1, 2018	This Residential Enhanced Staffing add-on may be used: Supplemental Habilitation for emergency situations or to meet a participant's temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless a variance is granted by the AE.
July 1-December 31, 2017	Life Sharing services may use In-Home and Community Support as an alternative to either part-time or full-time Community Participation Support.
January 1, 2018	The discrete Transportation service may be authorized to transport a participant to or from a job that meets the definition of competitive integrated employment.
January 1, 2018	The discrete Respite service may be authorized in accordance with the Respite service definition and limits.
January 1, 2018	The Life Sharing provider is expected to meet the behavioral support needs of the participants they serve. Behavioral Support may only be authorized as a discrete service when it is used to support a participant to access Community Participation Support or his or her place of employment.
Chapter 6100 Publication	Settings enrolled on or after the effective date of the Chapter 6100 regulations shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation, Life Sharing or Supported Living being provided.

## APPENDIX E: IMPLEMENTATION DATES FOR CONSOLIDATED AND P/FDS WAIVER RENEWALS

### Residential Habilitation (Consolidated Waiver Only)

Start Date	Requirement
July 1-December 31, 2017	The following Residential Enhanced Staffing add-ons may be used during this period: services provided by licensed nurses; Supplemental Habilitation for temporary medical or behavioral needs; Additional Individualized Staffing.
January 1, 2018	This Residential Enhanced Staffing add-on may be used: Supplemental Habilitation for emergency situations or to meet a participant's temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless a variance is granted by the AE.
July 1-December 31, 2017	Residential Habilitation services receive a cost-based rate
January 1, 2018	Residential Habilitation services receive a fee schedule rate.
January 1, 2018	The discrete Transportation service may be authorized to transport a participant to or from a job that meets the definition of competitive integrated employment.
January 1, 2018	The Residential Habilitation provider is expected to meet the behavioral support needs of the participants they serve. Behavioral Support may only be authorized as a discrete service when it is used to support a participant to access Community Participation Support or his or her place of employment.
Chapter 6100 Publication	Settings enrolled on or after the effective date of the Chapter 6100 regulations shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation, Life Sharing or Supported Living being provided.

### Respite

Start Date	Requirement
July 1, 2017	<u><b>June 30, 2017 Revision</b></u>  Correction: Participants authorized to receive <b>Residential Habilitation or</b> Supported Living services may not be authorized to receive Respite services (15-minute or Day).  <u>June 23, 2017</u>  Participants authorized to receive Supported Living services may not be authorized to receive Respite services (15-minute or Day).
July 1, 2017	Respite services (15-minute or Day) will no longer include enhanced levels of service provided by a nurse. For participants who require a nurse for Respite, the appropriate service is Shift Nursing.



## APPENDIX E: IMPLEMENTATION DATES FOR CONSOLIDATED AND P/FDS WAIVER RENEWALS

January 1, 2018	The discrete Respite service may be authorized for individuals receiving Life Sharing services in accordance with the Respite service definition and limits.
January 1, 2018	<p>At least one staff person must have one of the following certifications or degrees to provide Level 3 enhanced or Level 4 enhanced services to participants who do not require a nurse to provide the enhanced level of service:</p> <ul style="list-style-type: none"> <li>• NADD Competency Based Clinical Certification.</li> <li>• NADD Competency-Based Dual Diagnosis Certification.</li> <li>• NADD Competency-Based Direct-Support Professional Certification.</li> <li>• Registered Behavior Technician.</li> <li>• Certified Nursing Assistant.</li> <li>• Board Certified Assistant Behavior Analyst.</li> <li>• Bachelor's Degree in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.</li> </ul>

### Shift Nursing

Start Date	Requirement
July 1, 2017	Service Levels: Basic (staff-to-individual ratio of 1:2) and Level 1 (ratio of 1:1).
July 1, 2017	Participants authorized to receive Shift Nursing may not receive the following services at the same time: Respite (15-minute or Day); Companion; Therapies, and Consultative Nutritional Services
<u>June 30, 2017 Revision</u>  Correction: <b>July 1, 2017</b>  <u>June 23, 2017 version noted July 1-December 31, 2017</u>	<u>June 30, 2017 Revision</u>  Correction: Participants authorized to receive Supported Living may not be authorized to receive Shift Nursing, <b>with the exception of a home visit during this period.</b>  <u>June 23, 2017</u>  Participants authorized to receive Supported Living may not be authorized to receive Shift Nursing during this period.
<u>June 30, 2017 Revision</u>  *January 1, 2018  <u>June 23, 2017 version noted January 1, 2018</u>	<u>June 30, 2017 Revision</u>  Correction: Participants authorized to receive Shift Nursing may not receive In-Home and Community Supports <b>or Community Participation Support</b> at the same time.  <u>June 23, 2017</u>  Participants authorized to receive Shift Nursing may not receive In-Home and Community Supports at the same time.

## APPENDIX E: IMPLEMENTATION DATES FOR CONSOLIDATED AND P/FDS WAIVER RENEWALS

as start date, not transition period granted for existing participants	
January 1, 2018	<p><b><u>June 30, 2017 Revision</u></b></p> <p><b>Correction:</b> Participants authorized to receive Residential Habilitation <b>or</b> Life Sharing <del>or Supported Living</del> services may not be authorized to receive Shift Nursing, with the exception of a home visit.</p> <p><u>June 23, 2017</u></p> <p>Participants authorized to receive Residential Habilitation, Life Sharing or Supported Living services may not be authorized to receive Shift Nursing, with the exception of a home visit.</p>

### Small Group Employment

Start Date	Requirement
July 1, 2017	Participants must receive minimum wage or higher.
November 1, 2018 and January 1, 2019	<p>Staff working directly with the participant must have one of the following by January 1, 2019 or within 60 days of hire if hired after November 1, 2018:</p> <ul style="list-style-type: none"> <li>• Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or</li> <li>• Have been awarded a Basic Employment Services Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li> </ul> <p>Effective November 1, 2018, newly hired staff who do not have the required certification when hired must work under the supervision of someone who is certified. This can occur no longer than 60 days from the date of hire to allow the new staff time to obtain the certification.</p>

### Supported Employment

Start Date	Requirement
July 1, 2017	Service Levels: Basic (staff-to-individual ratio of 1:2) and Level 1 (ratio of 1:1).
July 1, 2017	Companion services may be provided at the same time as Supported Employment for the purpose of supporting the participant with personal care needs.

## APPENDIX E: IMPLEMENTATION DATES FOR CONSOLIDATED AND P/FDS WAIVER RENEWALS

July 1, 2017 through December 31, 2017	Supported Employment services may be billed while providers transition individuals they employ to either Small Group Employment or to a Supported Employment provider who is not the individual's employer.
November 1, 2018 and January 1, 2019	<p>Staff working directly with the participant must have one of the following by January 1, 2019 or within 60 days of hire if hired after November 1, 2018:</p> <ul style="list-style-type: none"><li>• Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or</li><li>• Have been awarded a Basic Employment Services Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li></ul> <p>Effective November 1, 2018, newly hired staff who do not have the required certification when hired must work under the supervision of someone who is certified. This can occur no longer than 60 days from the date of hire to allow the new staff time to obtain the certification.</p>

### Supported Living (Consolidated Waiver Only)

Start Date	Requirement
July 1, 2017	This Residential Enhanced Staffing add-on may be used: Supplemental Habilitation for emergency situations or to meet a participant's temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless a variance is granted by the AE.
July 1, 2017	The discrete Transportation service may be authorized to transport a participant to or from a job that meets the definition of competitive integrated employment.
July 1, 2017	The Supported Living provider is expected to meet the behavioral support needs of the participants they serve. Behavioral Support may only be authorized as a discrete service when it is used to support a participant to access Community Participation Support or his or her place of employment.
Chapter 6100 Publication	Settings enrolled on or after the effective date of the Chapter 6100 regulations shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation, Life Sharing or Supported Living being provided.

### Transportation

Start Date	Requirement
July 1, 2017	Participants authorized to receive Supported Living services may receive Transportation services when the participant requires transportation to or from a job that meets the definition of competitive integrated employment. <b>Consolidated Waiver Only</b>

**APPENDIX E: IMPLEMENTATION DATES FOR CONSOLIDATED AND P/FDS WAIVER RENEWALS**

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July 1-December 31, 2017	Participants authorized to receive Residential Habilitation or Life Sharing services may not be authorized to receive Transportation services. <b>Consolidated Waiver Only</b>
January 1, 2018	Participants authorized to receive Residential Habilitation or Life Sharing services may receive Transportation services when the participant requires transportation to or from a job that meets the definition of competitive integrated employment. <b>Consolidated Waiver Only</b>