

## **II-G Waiver Services**

### **Infant Toddler Early Intervention Services - Infant/Toddler/Family (ITF) Waiver**

The Infant, Toddler and Family (ITF) Waiver applies to children from birth to their third birthday. To be eligible, the child must be eligible for or already have Medical Assistance (MA), have a 50% delay in one area or 33% delay in two areas, and must receive services in the home or a community setting. 16 services are eligible for waiver funding:

Family training/counseling/home visits	Special instruction
Speech-language pathology	Occupational therapy
Physical therapy	Psychological services
Social work services	Vision services
Transportation and related costs	Audiology services
Nursing services	Nutrition services

Medical services only for diagnostic or evaluation purposes  
Early identification and assessment services  
Assistive technology devices and assistive technology services  
Health services necessary to enable an infant or toddler to benefit from other early intervention services

The ITF Waiver may be accessed through Early Intervention (EI) Service Coordination upon completion of the multidisciplinary evaluation. Early Intervention Services are funded through state and federal sources including the ITF Waiver and Medical Assistance.

#### **Who is eligible for Early Intervention Services?**

As excerpted from PA Code regulation § 4226.22, Early Intervention services are provided to all children who meet one or more of the following eligibility criteria:

- (1) A developmental delay, as measured by appropriate diagnostic instruments and procedures, of 25% of the child's chronological age in one or more of the developmental areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.
- (2) A developmental delay in one or more of the developmental areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development, as documented by test performance of 1.5 standard deviations below the mean on accepted or recognized standard tests for infants and toddlers.
- (3) A diagnosed physical or mental condition which has a high probability of resulting in a developmental delay as specified in paragraphs (1) and (2), including a physical or mental condition identified through an MDE, conducted in accordance with PA Code § 4226.61 (relating to MDE), that is not accompanied by delays in a developmental area at the time of diagnosis.

(b) In addition to the diagnostic tools and standard tests specified in subsection (a)(1) and (2), informed clinical opinion shall be used to establish eligibility, especially when there are no standardized measures or the standardized measures are not appropriate for a child's chronological age or developmental area. Informed clinical opinion makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention.

If a child is determined not eligible for Early Intervention Services, the child may be determined eligible for 'At-Risk Tracking and Monitoring.'

## **Intellectual disAbility Waiver Services**

### **1. What is the Waiver?**

The Waiver is a federal program based on an amendment to the Social Security Act. This amendment allows any state that meets the federal requirements to use federal funds for programs and services for people who have an intellectual disability and who live in the community. Prior to the amendment, these federal funds could only be used for institutional care in nursing homes, state facilities or Intermediate Care Facilities (ICFs/MR).

In Pennsylvania, the waiver is a funding source that reimburses service providers, which support people in the community to maintain and/or increase adaptive living skills. To receive federal funds, the state must comply with federal requirements. There are two types of Waivers – **Consolidated Waiver and Person/Family Directed Support (P/FDS) Waiver.**

\* NOTE: With minimal exceptions, the Consolidated Waiver rules are the same as the P/FDS Waiver; the primary difference being the Consolidated Waiver includes community homes and residential arrangements such as Lifesharing.

The P/FDSW was first approved in January 2000. For Fiscal Year 2014 the P/FDSW annual expenditure cap is \$30,000 per person.

The PA Office of Developmental Programs (ODP) has a statewide Services and Supports Directory (SSD) of providers of Waiver services at <http://hcsis.state.pa.us>.

ODP Waiver Service Definitions are found in Bulletin 00-12-05 located in attachment #1 in Section 13 of the Individual Support Plan Manual for Individuals with an Intellectual Disability: <http://www.dpw.state.pa.us/publications/bulletinsearch/bulletinselected/index.htm?bn=00-12-05&o=N&po=ODP&id=10/19/2012>.

### **2. Why is Waiver Capacity important?**

Philadelphia IDS/AE is responsible for **Waiver Capacity Management**, which consists of managing waiver capacity up to the allotted number of individuals who can be served in the Consolidated and P/FDS Waiver. PA ODP has assumed responsibility for oversight of waiver capacity in licensed residential programs throughout Pennsylvania. IDS/AE receives an

allocation of waiver slots from ODP, for both the Consolidated and P/FDS Waiver. IDS/AE is not permitted to enroll any individuals above the cap set by ODP.

As of January 2014, Philadelphia is serving approximately 2,394 individuals in the Consolidated Waiver and 1,434 individuals in the P/FDS Waiver.

### **3. Who is eligible for waiver funded services?**

To be eligible, you must be a resident of Pennsylvania, have a documented diagnosis of an intellectual disability and meet financial and other eligibility requirements. The P/FDS Waiver is only available to people who live with their families or on their own.

### **4. How will services be monitored?**

As an Administrative Entity (AE), Philadelphia IDS is responsible to ensure that monitoring is conducted at a frequency and duration necessary to ensure that services and supports are provided and the health and welfare of the individual is being maintained. The minimum monitoring frequency required is as follows:

- For persons in the P/FDSW, the monitor/supports coordinator must contact the person and family at least once every three months and have face-to-face contacts at least once every six months. One of these face-to-face monitorings must occur in the family home.
- For persons in the Consolidated Waiver, the monitor/supports coordinator must contact the person at least once a month and have face-to-face contacts at least every three months. At least one of these face-to-face contacts must occur in the home.

The monitoring will be done by a designated Supports Coordination Organization (SCO), on behalf of Philadelphia IDS/AE. They will include a review of the progress on the outcomes identified in the person's Individual Support Plan (ISP).

In order to maintain Waiver eligibility, an individual receiving Waiver supports and services must complete an annual physical by a certified physician or physician's assistant and submit financial eligibility documents. The SCO representative will request a copy of the annual physical and review and collect copies of financial eligibility documents to comply with Waiver requirements.

### **5. What are the financial eligibility requirements?**

The financial eligibility information applies to the individual who would be served, **not** to his or her family members.

- Any person who receives SSI automatically meets the financial eligibility requirements because this person is considered "categorically needy." This means that his/her assets/financial resources cannot exceed \$2,000.
- Any person who receives benefits other than SSI can not have assets/financial resources in excess of \$8,000, including bank accounts, checking accounts, insurance policies with a cash value, Certificates of Deposit, etc.

The person's monthly income must be below \$2,022 including "unearned income" such as Social Security benefits, Civil Service Annuity, Railroad Retirement benefits, VA benefits, pensions, etc. **and** "earned income" such as wages from a job or workshop.

### **Financial Eligibility and Employment:**

If your income is above \$2,022 per month, you should consider MAWD (Medical Assistance for Workers with Disabilities.) When you use MAWD for your medical coverage, all Waiver income limits are raised to the MAWD limits. This means that only 50% of your work earnings are counted toward your monthly income limit for maintaining Waiver eligibility. Also, with MAWD, you can have assets/financial resources up to \$10,000, instead of the Waiver limit of \$8,000, so you can enjoy even more of your work earnings and all the other benefits of being employed in the community, and still maintain your Waiver eligibility.

For more details about MAWD, contact the Disability Rights Network at 800-692-7443 or go to the Pennsylvania Health Law Project website at <http://www.phlp.org/Website/MA%20brochures/FactSheet-MAWD%202009.pdf>

### **6. What does the initial eligibility paperwork include?**

- a) Documentation of eligible diagnosis (a current psychological report).
- b) A current physical examination report (within one year of the date of eligibility).
- c) An Individual Support Plan.
- d) PA 600 form: this form is the financial application. All documentation verifying resources and assets must be attached.
- e) Certification of Need form (MR 250): this form documents the individual's need for services that would otherwise only be provided in an institution. This form must be signed by the QMRP (Qualified MR Professional). In addition, the QMRP will complete an adaptive behavior assessment.
- f) Home and Community Based Service Preference form (MR 457): this form documents the individual's request for home and community-based services under the waiver rather than services provided in an institutional setting. This form has been adapted to replace the old MR 459 form.
- g) Fair Hearing Notice (MR 458): This document informs the individual of the right to appeal or request a hearing if he/she is not satisfied with their services.
- h) OVR Referral: This requirement applies to individuals age 18 and above, and consists of a letter sent to the Office of Vocational Rehabilitation (OVR) with a copy of the psychological evaluation, physical examination report, and service plan, including any employment information.

i) PA 4 Form: This form allows the County Assistance Office (CAO) to contact the individual's bank to verify account balances. This applies to accounts in the individual's name and Social Security number only.

## **7. What is a QMRP?**

A QMRP is a Qualified MR Professional. This person is usually a psychologist, special educator, social worker, occupational therapist, or physical therapist. The federal regulations require that this trained professional assess an individual's intellectual disability and his/her need for service. The QMRP helps to complete the necessary documents.

## **8. What happens to all of this paperwork?**

All of this eligibility paperwork is submitted to Philadelphia IDS / AE where it is reviewed for accuracy and completeness.

The PA 600 and PA 4 forms and the MR 250 form are then sent to the Philadelphia CAO/ Long Term and Independent Services District for processing. This is the local office of the Department of Public Welfare/Office of Income Maintenance that is responsible for the final, official determination of waiver eligibility. This office issues the PA 162 form that documents the individual's authorized date of waiver eligibility.

Each year, the individual's updated Certification of Need form and current financial information must be submitted to the CAO to maintain eligibility for the waiver.

## **9. What are the responsibilities of the Representative Payee?**

The representative payee (rep payee) is responsible for making sure that an individual's benefit checks are used for the individual. This includes making sure that the individual's assets remain below allowable limits (\$2,000 for persons receiving SSI and \$8,000 for those who receive earned and unearned income other than SSI), and providing all requested documentation on an annual basis to maintain waiver eligibility.

## **II-H Right To A Fair Hearing**

In April 2008, the DPW Office of Developmental Programs (ODP) released Bulletin 00-08-05 entitled “Due Process and Fair Hearing Procedures for Individuals with an Intellectual disAbility.” This Bulletin is one of three Bulletins that should be reviewed together, including Bulletin 00-08-04 “Individual Eligibility for Medicaid Waiver Services,” and Bulletin 00-08-03 “Procedures for Service Delivery Preference.”

Philadelphia IDS must send you a written notice when services are denied, or before services are reduced or terminated. If you are applying for waiver services or an ICF/MR level of care, or if you object to an action taken affecting your claim for waiver services, you have the right to a county conference, mediation, fair hearing, or all three. You may try to resolve an issue through a meeting with a Philadelphia IDS representative, through the mediation process, or through a Fair Hearing conducted by the Bureau of Hearings and Appeals (BHA). If you choose the mediation, this process is completed through an independent entity that is currently called the Office for Dispute Resolution. All three processes can occur at the same time or one at a time.

Philadelphia IDS is responsible for ensuring that you receive whatever help is needed to fill out and file the appeal form. You may file an oral appeal by telephone or in person. But, you must follow-up an oral appeal with a written appeal within three days. Philadelphia IDS must ensure that you get the necessary assistance to file the written appeal. Written appeals must be submitted to Philadelphia IDS where it will be processed and forwarded to ODP and BHA.

Questions regarding the hearing process can be directed to Philadelphia IDS (Kenneth.cruz@phila.gov or 215-685-5996) or the ODP Bureau of Hearings and Appeals site administrator at:

Bureau of Hearings and Appeals  
801 Market Street, Suite 5071  
Room 1608  
Philadelphia, PA 19107

Telephone: 215-560-2145

A copy of the forms and instructions to request a Fair Hearing are located in Section VIII.