

## **REISSUE:** Clarification on Identification of Staffing Ratios for Facility Time in the Community Participation Support Service **ODP Announcement 19-098**

### **AUDIENCE:**

Individuals and Families, Administrative Entities (AEs), Supports Coordination Organizations (SCOs), Supports Coordinators (SCs), Providers of Community Participation Support in the Consolidated, Community Living or Person/Family Directed Support (P/FDS) Waivers, and All Other Interested Parties

### **PURPOSE:**

To address identification of staffing ratios for facility time in the provision of the Community Participation Support service. **This communication is being reissued to provide guidance about when Individual Support Plan (ISP) team meetings are needed.**

### **BACKGROUND:**

The Community Participation Support service definition was developed to promote increased community inclusion in alignment with the Office of Developmental Programs' (ODP) *Everyday Lives* recommendations and the Centers for Medicare and Medicaid Services' (CMS) Home and Community Based Services (HCBS) Settings Rule.

The guiding principles of *Everyday Lives* promote self-direction, choice and control. While many individuals receiving Community Participation Support choose to use the service to access their community, some individuals also choose to receive this service in facility settings licensed under 55 Pa. Code Chapters 2380 and 2390. For facility-based providers that have significant movement of people between facility-based and community-based Community Participation Support services during the course of a day, this can create facility staffing ratios that do not reflect what is authorized on an

individual's support plan. This communication offers guidance when staffing ratios change due to individuals leaving the facility to engage in community activities.

## **DISCUSSION:**

Effective July 1, 2019, ODP implemented simplified procedure codes and staff to individual ratios to make planning, authorizing and billing for Community Participation Support services more efficient and to reflect service delivery more accurately. The procedure codes and staffing ratios were first introduced in ODP Communication 19-024. Staffing ratios for services provided in facility settings are: 1:11 to 1:15; 1:7 to 1:10; 1:4 to 1:6; 1:2 to 1:3; 1:1; and 2:1.

During Community Participation Support service provision, as individuals leave the facilities to access the community, staffing ratios for individuals who remain in the facility may be adjusted to better reflect the actual staff to individual ratio provided. To identify the facility staffing ratios that should be included in each Individual Support Plan, teams should consider the following **at each annual Individual Support Plan meeting**:

- The maximum staffing ratio in which the individual's health and safety needs can be met and the individual can be supported to meet the programmatic goals identified for that individual in the facility; and
- The likelihood that, due to programmatic demands for time supporting individuals in community, the Individual Support Plan should include an authorization for the next lowest staffing ratio. This does not apply when the maximum staff ratio identified in the first bullet is 1:1 or 2:1.

For example, in situations where a group of individuals is receiving Community Participation Support services in a facility at a 1:4 to 1:6 staffing ratio, but several individuals in that group leave the facility to engage in a community activity on a regular basis, leaving a de facto 1:2 to 1:3 group in the facility, the provider can bill for 1:2 to 1:3 for the smaller group continuing to receive services in the facility. This option supports providers in promoting community inclusion. The provider must have documentation that supports these staffing ratio changes and the different staffing ratios must be in each individual's ISP. If or when the individuals return from their community activity and rejoin the original group, the provider then must bill at the original 1:4 to 1:6 facility

rate. Changes to staffing ratios as discussed in this communication may not be added or authorized in the Individual Support Plan with a retroactive effective date.

**An Individual Support Plan team meeting is *not* required to add the appropriate procedure code to the Individual Support Plan for the next lowest staffing ratio in accordance with this communication.** ODP will only allow requests for staffing ratio changes rendered in a facility when the change is related to the occurrence of others receiving CPS in the “community,” not for instances when staffing ratios would change due to individuals that are unable to receive Community Participation Support services (ex. illness, injury, vacation, etc.).

For individuals receiving Community Participation Support services in facilities in which engagement in community activities impacts the staffing ratios within the facilities, Individual Support Teams should discuss the appropriate facility staffing ratios to be included in the Individual Support Plan. Where applicable based on the above criteria, an Individual Support Plan may include authorizations for two staffing ratios for facilities.

Changes to staffing ratios as described in this communication may be approved for a P/FDS cap exception. P/FDS cap exceptions should be identified by the Individual Support Plan team and a request should be submitted to the Administrative Entity no later than August 15, 2019. The Administrative Entity will submit exception requests to their ODP designated Regional Office for review no later than August 30, 2019. ODP approvals will be communicated to the Administrative Entity.

**The current procedure codes effective July 1, 2019, for Community Participation Support services can be found at**

**[http://dhs.pa.gov/cs/groups/webcontent/documents/document/c\\_290960.pdf](http://dhs.pa.gov/cs/groups/webcontent/documents/document/c_290960.pdf).**

**Updates to the Individual Support Plan manual are being made to include these procedure codes.**

**CONTACT:** Questions about this communication should be directed to your ODP Regional Program Office.