

VERSION 1 – FAQ REGARDING SERVICES RENDERED THROUGH ODP’S WAIVERS DURING COVID-19	
QUESTION	ANSWER
RESIDENTIAL SERVICES	
<p>Q1. Shift Nursing may be authorized as a discrete service to protect the health and safety of an individual receiving residential services as outlined on Page 12 of the Appendix K Operational Guide. Can the Shift Nursing provider also be the residential habilitation provider?</p>	<p>A1.</p> <p><u>Consolidated, Community Living and Person/Family Directed Support (ID/A) Waivers</u></p> <p>Shift Nursing may be provided as a discrete service during the provision of Residential Habilitation, Life Sharing, and Supported Living services when the following occurs:</p> <ul style="list-style-type: none"> • The provider’s current nurse is diagnosed with COVID-19 and the provider has been unable to contract with a nurse from an agency to fill the role; or • Due to multiple participants being diagnosed with COVID-19, additional nurses are needed to meet the health and safety needs of those participants. <p>Shift Nursing cannot be provided as a discrete service if the need for nursing is not related to COVID-19.</p> <p>The Shift Nursing provider may be the residential provider if multiple individuals have been diagnosed with COVID-19, the nurse that the provider currently employs or has contracted with cannot keep up with the increased demand of individuals being treated for COVID-19, and the residential provider is able to employ or contract with additional nurses to meet the need for increased nursing services.</p>

	<p><u>Adult Autism Waiver (AAW)</u></p> <p>Discrete Shift Nursing may be provided by any agency that is enrolled and qualified to render discrete Shift Nursing services, including residential providers. Shift Nursing can be authorized for individuals receiving residential services who have been diagnosed with COVID-19 and need this level of support.</p>
<p>Q2. If someone who is receiving Life Sharing services needs to move to a Residential Habilitation home due to COVID-19, what service is billed?</p>	<p>A2. Residential Habilitation is billed because that is the service the individual is receiving once they move from their Life Sharing home for a reason related to the COVID-19 pandemic.</p>
<p>Q3. Can Community Participation Support or Day Habilitation be delivered in the home of a staff member?</p>	<p>A3. As explained in the Appendix K Operational Guide, Community Participation Support may be provided in the following private homes:</p> <ul style="list-style-type: none"> • Homes owned, rented or leased by the participant, the participant’s family or friends. This includes homes where Supported Living is provided. • Licensed and unlicensed Life Sharing homes. <p>The service can also be provided remotely.</p> <p>This service cannot be rendered in a staff member’s home.</p>
<p>Q4. There are a few individuals in our residential service programs who have been asking frequently to go to drive-throughs for fast-food. We feel that this is exposing them to contact with COVID-19. Can we restrict staff from transporting the individuals to drive-throughs due to the risk of contracting COVID-19?</p>	<p>A4. Picking up food through a drive-through window is an allowable activity under the stay-at-home order issued by the governor’s office. Individuals who request or prefer food via drive-through windows should have those requests accommodated according to the individual’s plan and diet. This accommodation applies to restaurant food acquired via pick-up or delivery, as these are also allowable activities under the governor’s stay-at-home order.</p>

<p>Q5. Can an individual who receives Residential Habilitation and was also receiving Behavioral Support as a discrete service while attending their Community Participation Support program still receive Behavioral Support as a discrete service while their Community Participation Support program is closed because of COVID-19?</p> <p>*This question is not applicable to the Adult Autism Waiver.</p>	<p>A5. Behavioral Support may only be authorized as a discrete service for a participant who receives Residential Habilitation, Life Sharing or Supported Living services if Behavioral Support is being used to support access to a Community Participation Support program or to maintain the participant’s employment. The COVID-19 pandemic has not resulted in a change to this requirement.</p> <p>A participant cannot receive Behavioral Support as a discrete service at the participant’s residential program because the service is included in the residential rate. It is the responsibility of the residential provider to render the service as provided for in ODP Communication 111-17.</p>
<p>Q6. When a person who is receiving residential services goes home as a result of the COVID-19 pandemic and receives other in-home services, should the residential authorizations be ended on the plan?</p>	<p>A6. No. The authorization for Residential Habilitation, Life Sharing or Supported Living services should be left on the plan so services can be resumed when the individual returns to the residential service following the COVID-19 pandemic. Residential services should not be billed for while the individual is at home.</p>
<p>Q7. If an individual decides to go stay with a family member or friend during the COVID-19 pandemic, will the individual lose their place in their residential home or will they be disenrolled from the waiver if they are not receiving any services during the time spent at their family’s or friend’s house?</p>	<p>A7. As stated in ODP Communication 20-047, when an individual decides to go home with a family member or friend during the COVID-19 pandemic, the provider must ensure that the individual has the right to return to their home once the COVID-19 pandemic has ended at the latest.</p> <p>The individual and the Individual Support Plan (ISP) team must determine how the individual’s needs will be met during the time away from the residential home. If the decision is that the individual will not receive services while staying with his/her family or friends, the individual will not be disenrolled from the waiver during the COVID-19 pandemic.</p>

	<p>When the individual is able to return to his/her residential home (when the pandemic is over, if the provider develops a policy to allow the individual to return to the home sooner, etc.), the Supports Coordinator and ISP team should assist the individual with the transition to receiving waiver services at the residential home.</p>
EMPLOYMENT SERVICES	
<p>Q8. Can providers of Supported Employment or Small Group Employment services bill for remote support when an individual is not at his or her place of employment?</p>	<p>A8. Yes, as long as the remote support is provided in a manner that is consistent with the service definition. An example of remote support that can be billed is a telephone conversation to discuss what happened during an individual’s shift after the individual has returned home.</p>
<p>Q9. Is assistance with applying for and maintaining unemployment benefits billable under Supported Employment?</p>	<p>A9. Yes. Supported Employment providers can bill for this assistance using whatever component of Supported Employment (Career Assessment, Job Finding or Development, or Job Coaching and Support) is authorized on the individual’s plan. Providers of Supported Employment or Career Planning in the Adult Autism Waiver can also bill for assistance with applying for and maintaining unemployment benefits.</p>
<p>Q10. Can you please expound on how to offer Supported Employment remotely?</p>	<p>A10. Services may be delivered via telephone or video conferencing such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. Providers delivering Job Finding services could work remotely on goals such as virtual resume development, interview preparation, etc.</p> <p>Providers delivering Job Coaching and Support must assess on a case-by-case basis whether remote services can meet the needs of the individual. Unfortunately, due to job duties or other circumstances, not all individuals can be supported at their job remotely.</p>

	<p>Providers are encouraged to be as creative as possible to provide support to meet the individual’s needs.</p> <p>An individual who is receiving in-person Companion services while at a place of competitive integrated employment may be utilized to act as a conduit for supports provided by a Supported Employment professional delivered remotely.</p> <p>A free webinar on the topic of remote supports developed by the Association of People Supporting Employment First (APSE), can be found at apse.org. Go to the “Online Learning” tab under the “Get Educated” pulldown, or click on this link.</p>
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OTHER WAIVER SERVICES

<p>Q11. Which services were approved to be rendered remotely through Appendix K?</p>	<p>A11. As a result of the approval of Appendix K, direct services may be rendered remotely, including by telephone, when remote support meets the health and safety needs of the individual receiving services. The following services can be rendered under the waivers remotely, including by telephone, immediately as they were either included in the first version of Appendix K that has been approved of the second version of Appendix K that will be submitted to CMS soon:</p> <p><u>ID/A Waivers</u></p> <p>Supports Coordination, In-Home and Community Support, Companion, Behavioral Support, Community Participation Support, Supported Employment, Therapy Services, Supports Broker Services, Communication Specialist, Consultative Nutritional Services, Music Therapy, Art Therapy, and Small Group Employment.</p>
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	<p><u>AAW</u></p> <p>Supports Coordination, Day Habilitation, Family Support, Nutritional Consultation, Specialized Skill Development (Behavioral Support, Systematic Skill Building and Community Support), Career Planning, Supported Employment, Small Group Employment, and Therapies.</p>
Q12. Can Respite Camp be provided remotely?	A12. No. Respite services, regardless of location of delivery, were not approved in Appendix K or the current approved waivers to be delivered remotely.
Q13. Can waiver funds be used for Respite Camps during the COVID-19 pandemic?	<p>A13. Waiver funds may be used for Respite Camps. A Respite Camp must comply with all applicable Centers for Disease Control (CDC) and Department of Health (DOH) guidelines and, for camps in Pennsylvania, is operating in accordance with Governor Wolf’s Re-Opening plan. The Respite Camp must submit a plan or protocols describing how compliance with all applicable guidelines will be met to the Organized Health Care Delivery System (OHCDS), Agency With Choice (AWC) organization or Administrative Entity. The OHCDS, AWC and/or AE are responsible for reviewing the plan or protocols prior to including or authorizing the service on the ISP to ensure the Respite Camp meets compliance guidelines.</p> <p>Current CDC guidance for camps can be accessed at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Camps-Decision-Tree.pdf.</p>
BILLING	
Q14. Can providers bill for participation in ISP meetings that are held remotely if the individual	A14. Nothing in Appendix K changes the guidance published in ODP Informational Memo 037-13 , which must still be followed in regard to billing for

<p>is participating? If so, how would they bill?</p>	<p>participation in ISP meetings. “In most circumstances, attendance at an ISP team meeting is not a billable activity. If a provider believes they are delivering a service consistent with the ISP and the waiver service definitions during an ISP team meeting, all the following conditions must apply in order for the activity to be billable:</p> <ul style="list-style-type: none"> • Both the individual and the provider’s direct support staff or individual practitioners must be present. • The support must be rendered according to the appropriate unit designation (15-minute, hour or day). • The required staffing level for the service as specified in the ISP is maintained. • Documentation must substantiate billing for the service. Documentation must describe the nature and extent of the service(s) provided. (It is not sufficient to indicate that provider staff attended a team meeting.)”
<p>Q15. Some of our providers are having a difficult time compiling a full 15-minute service unit when they provide the service remotely. We are aware of the guidance regarding how to combine partial units of service for billing purposes in the Interim Technical Guide for Claims and Service Documentation (Bulletin 00-18-04). Does ODP have any recommendations on combining partial billing units?</p>	<p>A15. Providers must have provided a full 15 minutes of service to bill for a unit of services. Partial units can be combined from the same billing cycle as described on page 245 of the current ISP Manual (Bulletin 00-20-02). That guidance states:</p> <ul style="list-style-type: none"> • The 15-minute unit of service will be comprised of 15 minutes of continuous or non-continuous service. The full 15 minutes of service does not need to be provided consecutively but must be rendered during the dates of service indicated on the claim for the same participant, same 13-digit MPI and same service. <p>The guidance on partial units in the Interim Technical Guide attached to Bulletin 00-18-04 is no longer accurate. ODP is working to update this information.</p> <p>Please note that a claim (and thus the combination of partial units of service) cannot span multiple fiscal</p>

	<p>years. For example, if services were rendered from June 22nd to July 3rd, the provider would need to submit two claims. One from June 22nd to June 30th and another one from July 1st to July 3rd.</p>
<p>Q16. Can a provider bill for time they are calling an individual to “check in” on him or her?</p>	<p>A16. While ODP initially encouraged providers to check-in with individuals and families, this is now being completed by Supports Coordinators. Beginning April 13, 2020, Supports Coordinators have been asked to conduct weekly check-ins with each individual they support. Since this is the role of the Supports Coordinators, providers cannot bill for conducting a similar check-in.</p> <p>If the provider is using the term check-in to refer to activities allowable under the service definition and that align with the individual’s goals/outcomes for the service provided by the provider, time spent doing this activity can be billed for services allowed to be rendered remotely.</p>