

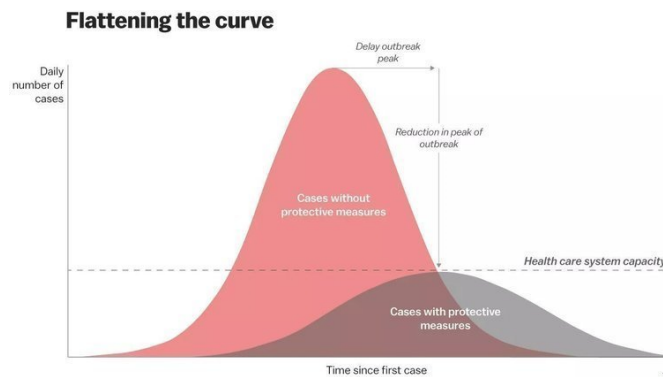


# Coronavirus (COVID-19) Update: Emergency Waiver Amendments For ODP Administrative Entities March 24, 2020

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**Everyone has a responsibility to slow the spread**



**Everyone should behave like they are carrying the virus!**

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### Daily precautions

- ALWAYS use safety precautions when interacting with others
- Follow these guidelines to protect yourself and others:
  - Avoid contact with others and work remotely when possible.
  - Maintain 6 feet of distance from others.
  - If you are sick, STAY HOME!
  - When coughing or sneezing, cover your mouth and nose with a tissue or your sleeve at the elbow (not your hands) .
  - Avoid touching your face (mouth, nose, eyes).
  - **Wash hands OFTEN!** Use with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.

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### Governor Wolf Executive Order – Prohibitions on Non-Life Sustaining Businesses

- ***ODP home and community based service and intermediate care facility providers considered life-sustaining and therefore exempt from the Governor's directive asking for the closure of all non-essential businesses.***
- ODP required shifts in operations, closure of CPS facilities and suspension of community integration activities, mean all allowable service provision is essential.
- ***All remaining ID/A services must be provided in alignment with ODP instruction and Governor's Orders.***

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## **Appendix K: Emergency Preparedness and Response**

- CMS process for submitted emergency changes to approved waiver agreements
- ODP submitted emergency amendments to the 3 ID/A and the AAW 3/13/2020
- CMS approved all emergency applications on 3/18/2020
- Effective date of emergency amendments is 3/11/2020 – 3/11/21

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## **ODP's Approach**

- 1. Slow the spread of the virus**
- 2. Redeploy staff where needed most**
- 3. Long term stability of community system**

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## Slow the Spread

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### **Statewide Changes Effective March 12**

- Supports Coordination must conduct monitoring visits and ISP team meetings remotely or by telephone. In person Face to Face contact is NOT permitted, unless the participant does not have access to a telephone.
- Limitation of visitors in residential programs
- Community Participation Supports/Day Habilitation – suspend requirements for support in community locations
- Annual licensing requirement for physicals for staff and participants is suspended. Providers do not need to request a waiver of this requirement; this is not considered a violation during this time.

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## **Statewide Suspension of ODP Functions Effective March 17, 2020**

- Supports Intensity Scale (SIS) and PA Supplement Assessments
- Quality Assessment and Improvement (QA&I) Provider and SCO Corrective Action Plans (CAPS) and Directive Corrective Action Plans (DCAPS) activities (unless otherwise instructed by ODP or the Administrative Entity)
- Communication Assessments and Reassessments related to the Harry M Settlement
- Annual licensing inspections as specified at 55 Pa.Code § 20.31. (relating to Annual Inspection).
- Independent Monitoring for Quality (IM4Q) interviews

9

9



## **Statewide Required Closures of Day Program Facilities**

- Older Adult Day facilities licensed under 6 Pa. Code Chapter 11
- Adult Training Facilities licensed under 55 Pa. Code Chapter 2380
- Prevocational Facilities licensed under 55 Pa. Code Chapter 2390

**Closures are effective Tuesday, March 17, 2020 and are in effect until further notice.**

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## Individual Rights

**During the COVID-19 response, the following rights may be limited:**

- Visitors
- Sharing a bedroom
- Access to community

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### **Approved for Remote Direct Delivery of Services ID/A Waivers**

- Supports Coordination
- In-Home and Community Supports
- Community Participation Support/ Day Habilitation
- Behavioral Support Services
- Education Support
- Companion
- Therapies as appropriate
- Supported Employment
- Support Broker
- Communication Specialist
- Small group employment

Guidance on allowance HIPAA compliance while using remote technology.  
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

12

12



## **Redeploy Staff Where Needed Most**

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### **Where Staff Will be Needed Most**

- Residential
- Family caregivers – who fall ill, are essential workers in healthcare, first responders, human services
- In response to infections, need for isolation, quarantine
- Support in hospital settings

14

14



## Flexibility to Allow for Necessary Movement of Staff

- Changes to use Community Participation Support (CPS)/Day Habilitation staff in private homes and residential programs
  - In-home/alternate provision of the day service by facility staff when family caregiver employed in essential roles like healthcare, first responders or human services and reliant on CPS/Day Habilitation for coverage during work.
  - For CPS/Day Habilitation providers who have residential, companion or in-home support service offerings, prepare to redeploy staff from facilities to fill other essential staffing needs.
  - ODP encourages providers that *only* offer CPS/Day Habilitation to contact other provider agencies and develop cooperative arrangements to supply staff to support participants in other service areas like residential, companion, or in-home support.

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## Flexibility to Allow for Necessary Movement of Staff (cont.)

- Staff Qualifications
  - **Staff qualified under any service definition in the ID/A waivers may be used for provision of any non-professional service under another service definition the ID/A waivers.**
    - ID/A Waivers: Professional services exempt from this include: Supports Coordination, Therapy Services, Behavioral Support, Consultative Nutritional Services, Music Therapy, Art Therapy and Equine Assisted Therapy and Shift Nursing
    - AAW: Professional services exempt from this include: Supports Coordination, Therapies, Behavioral Specialist Services and Systematic Skill Building components of Specialized Skill Development, Nutritional Consultation, Family Support, and Shift Nursing.

16

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### **Flexibility to Allow for Necessary Movement of Staff**

- Staff Qualifications (cont.)
  - **All staff must receive training on any participants' ISPs for whom they are providing support.** Training on the ISP must consist of basic health and safety support needs for that individual, including but not limited to the fatal four
  
  - Encourage use of remote training and nurse support to respond to rapid changes

17

17



### **Flexibility to Meet Staffing Needs in Residential**

- Size of location
- Staffing ratios
- Supplemental Habilitation/Temporary Supplemental services
- Shift Nursing
- Location

18

18



**Flexibility in In-Home and Community and Companion**  
(including for Participant-Directed Services)

- Suspend 40/60 rules relate to overtime and provision of services by relatives
- May be provided remotely where health and safety can be ensured

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**Long Term Stability of  
Community System**

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## Financial Strategies

- Waiver of Prudent Pay for all ID/A and AAW waiver services beginning pay cycle 3/21/2020
- Retainer Payments for CPS/Day Habilitation Providers
  - Protocols and will provide guidance by 3/25
  - Retainer payments for CPS/Day Habilitation providers up to 75% of previous average billing
  - *CPS/Day Habilitation providers highly encouraged to redeploy staff in areas most needed* – need these DSPs in workforce!
- Enhanced rates
  - ODP will establish and provide guidance
  - ID/A waivers: Residential Habilitation, Life Sharing, Supported Employment, In-Home and Community Support, Companion, Community Participation Supports, Respite, and Shift Nursing.
  - AAW: Residential Habilitation, including life Sharing, Supported Employment, the Community Support component of Specialized Skill Development, Day Habilitation, Respite, and Shift Nursing

21

21



## Administrative Entity Operational Changes

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## Transfers and intakes

Unless the transfer or intake is essential due to COVID 19, the following are suspended

- From AAW for purposes of Self directing services
- BSASP will halt the outreach to individuals on the AAW interest list

23

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## Level of Care

- Initial Level of Care Evaluation -
  - LOC will not require a physician to recommend ICF LOC
- Annual Level of Care Reevaluations -
  - Annual reevaluation will allow for a 6-month extension

24

24



## Continued Individual MA Eligibility

- DHS is preparing to submit a 1135 waiver
  - OIM is proposing not to end MA for failure to submit recertification information

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## • Approval & Authorization of ISPs

- ISP plan meetings must be done using remote technology (no in- person face to face)
- Maintain clear documentation/records
- New enrollees - NG and individual does not have a SIS – assignment of NL 5, NG 4 will be added (AEs must notify the Regional SIS leads)
- Guidance on plan changes/authorizations will be provided soon
  - Including broad system adjustments for CPS retainer payment
  - For ISPs with authorized Residential Habilitation -
    - ODP is planning to automatically adding "without day" units to each plan
      - Plans must not be in draft status for automation to occur
      - Communication will be forthcoming

26

26



### Exceeding the CAP for PFDS and CLW

- Caps may be temporarily exceeded to provide needed services for emergency care provision when changes to plans/ services due to COVID-19
- If unable to authorize services or units due to the cap
  - The AE should submit exception requests for each individual, including their name, MCI# and the projected amount of ISP authorizations.
  - ODP approvals will be communicated to the AE.
  - Please submit to the following appropriate regional office staff
    - NE – Marie Craven
    - Central – Bill Bruaw
    - West – Michelle Walters
    - SE – Shelley Zaslow
- When emergency is declared to end, utilization and authorization of services for individuals must return to the frequency and duration as authorized in individual plans prior to the emergency

27

27



### Appendix K ISP Changes Spreadsheet

- Announcement # 20-027 included a spreadsheet for providers to complete and share with SCs/AEs
- All plan changes should be based on 6/30/2020 end date
- Changes related to Residential without day should NOT be included in the spreadsheet
- ISPs changes should include language identifying the change is due to COVID-19

28

28



## Variances

- NOT required when a Consolidated Waiver participant requires more than 14 hours per day of IHCS, Companion or CPS
- NOT required for Supplemental Habilitation
- NOT required for respite beyond 30-days
- NOT required for 40/60 rule

\*\*Providers must include on the spreadsheet being sent to the SC/AE

\*\*Providers must ensure they are maintaining documentation and records of changes related to COVID-19

29

29



## Respite

- May be provided in any setting necessary to ensure health and safety
- Room and board already included in fee schedule for respite in licensed residential habilitation
- Room and Board WILL BE included in the fee schedule for settings used in response to emergency
- Respite can be provided beyond 30 days without a variance

\*\*\*SCs must document in Service Note where the respite is provided

30

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## CPS

- Requirement to provide services in community locations a minimum of 25% is suspended
- CPS may be provided in private homes
- CPS may be provided using remote technology
- Suspend requirement of no more than 3 people being supported

31

31



## Incident Management

- Incidents are NOT required solely for deviation of staffing that is outlined in ISP
- Incidents ARE required if the staffing deviation results in failure to provide care
- Incidents are NOT required for restricting of visitors as a rights violation.
- Certified Investigations should be conducted using remote technology and telephone where possible
- Submissions of Incident Management contingency forms will be addressed in a subsequent communication

32

32





## **Due Process Rights**

- Changes to ISPs due to COVID-19 are not subject to due process/fair hearing rights notification
- A statement should be added to all ISPs when services are changed due to COVID-19
- When the emergency precautions are lifted, services will resume back to pre-COVID-19

33

33



## **Waiver reserved capacity/Intent to Enroll**

- Not required for individuals in Hospital beyond 30 days
- Reminder – individuals are only required to receive a waiver service twice a year to remain eligible for continued enrollment

34

34



## **New Provider Qualification**

- ODP will provide a standard email message to AEs
  - Message will indicate a significant delay in reviewing and processing qualification
  - Convey that the 120 day timeline will be paused

35

35



## **Waiver requalification and ReVALIDATION**

- New Provider Qualifications, ODP is developing language that work may preclude prompt review of provider applications
- Provider Re-qualification deadline extended for Cycle 1 Year 3 until October 31, 2020 (ODP Announcement 20-026)
- Provider revalidation is currently suspended

36

36



## **OBRA/PASSR**

- Currently, ODP is processing OBRA's via telephone or email
- PA is applying for 1135 waiver, pending approval from CMS:
  - SUSPENDING all OBRA's, they would be treated as "exempt hospital discharge" for the first 30 days in NF

37

37



## **Draft Amendment to Appendix K include the following that are allowed to be implemented-**

- Use modified Med admin training
- Online CPR/First Aid

38

38



**Operational Guidance released 3/23  
ODP Announcement 20-027**

- Webinar for AEs 3/24
- Webinar for SCOs 3/25
- Webinars for All Stakeholders 3/25
- Series of Virtual Office Hours sessions being scheduled
- Information on regulatory waivers to follow

**Please be patient with the pace of information flow.  
First priority is health and safety.  
Organize around the information provided and make sure  
to document.**

39

39



**COVID-19 Provider Information Tool**

- Designed to gather service specific information about COVID-19 impact on providers
- Purpose:
  - collect information about potential risk/service closures that will help guide future decision making.
  - create a record for the purposes of retroactive approvals, documentation and payments.
- The tool was designed to take approximately 7-10 minutes to complete.
- Link to the online tool - <https://www.questionpro.com/t/AJrvGZgvm4>

40

40



## Communication is Key

- *If staff or a person for whom you provide services is suspected to have COVID-19 or tests presumptively positive for COVID-19, please notify the ODP Regulatory Administration Unit at [RA-PW6100REGADMIN@pa.gov](mailto:RA-PW6100REGADMIN@pa.gov)*
- For ODP to be responsive to the needs related to COVID-19, timely information from the provider community is essential. Providers should follow Department of Health (DOH) guidance for evaluation, testing, and reporting related to staff or a beneficiary suspected of having COVID-19.

**Questions? Call 1-877-PA-HEALTH (1-877-724-3258)**



41

41



## Emergency warning signs for COVID-19

- If you develop emergency warning signs for COVID-19 get medical attention immediately. Emergency warning signs include\*:
  - Difficulty breathing or shortness of breath
  - Persistent pain or pressure in the chest
  - New confusion or inability to arouse
  - Bluish lips or face
- \*This list is not all inclusive.

42

42



## Resources



<https://www.cdc.gov/coronavirus/2019-ncov/index.html>



<https://www.health.pa.gov/topics/disease/Pages/Coronavirus.aspx>



<https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-2020.aspx>



<https://www.myodp.org/mod/page/view.php?id=26808>

43