Coronavirus (COVID-19) Update: Emergency Waiver Amendments

March 25, 2020

Everyone has a responsibility to slow the spread

Everyone should behave like they are carrying the virus!
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.
Personal Protective Equipment (gloves, goggles, face masks, etc)

• CDC recommends only needed when working with people with confirmed or possible COVID-19. General public does not need to use these.

• Providers should continually be checking with vendors and retailers both on-line and brick-and-mortar to check on resource availability.

• The resource request process direction provided by DHS and PEMA is for providers to contact their county emergency management agency and submit a resource request. If the county cannot fill the resource request it will be forwarded to PEMA by the county EMA. Providers should contact their county EMA for assistance in submitting the resource request.

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 and AAW services must be provided in alignment with ODP instruction and Governor’s Orders.**
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

Appendix K Scope

• The changes in Appendix K are only to be implemented for participants impacted by COVID-19.

• Participants may be impacted due to staffing shortages, a COVID-19 diagnosis for the participant or a participant’s housemate or caregiver, and closures of service locations (residential homes, Community Participation Support service locations, etc.).

• Requirements in the current approved waivers must be followed for any requirement not listed in this guide.
ODP’s Approach

1. Slow the spread of the virus
2. Redeploy staff where needed most
3. Long term stability of community system
Delivering Appendix K Services Remotely Or By Phone

- Services may be delivered via telephone or video conferencing such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype.

- Providers are encouraged to notify participants that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

- Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing should not be used.

Delivering Appendix K Services Remotely Or By Phone

- Supports Coordination must conduct monitoring visits and ISP team meetings remotely or by telephone.

  - If the participant/family does not have access to a computer or phone, SCs may visit the individual home but should conduct the monitoring or planning meeting through windows or doors as barriers.
Delivering ID/A Services Remotely Or By Phone

• Other direct ID/A waiver services may be delivered remotely when this type of support meets the health and safety needs of the participant.

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<th>Appendix K</th>
<th>Waivers</th>
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<td>Behavioral Support</td>
<td>Supported Living</td>
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<tr>
<td>Supports Broker</td>
<td>Assistive Technology (Remote Monitoring)</td>
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<tr>
<td>Education Support</td>
<td>Advanced Supported Employment</td>
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</table>

Delivering AAW Services Remotely Or By Phone

• Other direct AAW services may be delivered remotely when this type of support meets the health and safety needs of the participant.

<table>
<thead>
<tr>
<th>Appendix K</th>
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<tr>
<td>Behavior Specialist</td>
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<td>Systematic Skill Building</td>
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<td>Community Support</td>
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<td>Therapy (counseling)</td>
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<tr>
<td>Family Support</td>
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<tr>
<td>Nutritional Consultation</td>
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Services Not in Appendix K That Will Be Added To Be Delivered Remotely Or By Phone

- It is OK to render these services remotely or by phone now if this type of support meets the health and safety needs of the participant.

<table>
<thead>
<tr>
<th>ID/A Waivers</th>
<th>Adult Autism Waiver</th>
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<td>Music and Art Therapy</td>
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Delivering Appendix K Services Remotely Or By Phone

- The provider is responsible for determining if this type of support will meet the health and safety needs of the participant.

- The provider is responsible for contacting the participant and family and discussing how remote services would work and asking if the participant and family are open to receiving services remotely.
Delivering Appendix K Services Remotely Or By Phone

- Providers include diagnosis code Z03.818 on Field 21.B of the claim in PROMISe.

- Billing may only occur when direct support professionals are actively engaging with participants via technology or over the phone.
  - Billing may not occur when staff is "on-call"

Limitation of Visitors

- Residential Habilitation and Life Sharing
  - Providers must still facilitate personal relationships between each participant and persons of their choosing via cell phones/telephones and other technology (text, mail, Skype, sending photographs or videos, email, FaceTime, Alexa, Facebook Portal, etc.)

  - Providers are expected to make every effort to support non-face to face contact between participants and their family and friends.
Limitation of Visitors - 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.

Requirements for visitors in licensed facilities where Community Participation Support or Day Habilitation may be provided are not addressed in the Appendix K Operational Guide due to required closures.

Suspending Requirements For Support in Community Locations

- Community Participation Supports/Day Habilitation – suspend requirements for support in community locations
  - No changes need to be made to the ISP to implement the suspension of the requirement that participants be given the choice to spend 25% of their time in community locations.
  - Variances are not required to be completed when the 25% threshold is not achieved.
Suspending Requirements For Support in Community Locations

- All Services

  - OK to engage in outdoor activity, such as walking, hiking or running if people maintain social distancing.
  - OK to get necessary services or supplies, such as groceries
  - OK to get needed medicine or medical supplies and to visit a health care professional when necessary
Redeploy Staff Where Needed Most

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
Flexibility to Allow for Necessary Movement of Staff

• Community Participation Support/Day Habilitation may be provided in the following private homes:
  – 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.

• Supporting participants in private homes can be billed using community procedure codes.
  – If changes to ISP are required, contact Supports Coordinator

Expand Services That Relatives and Legal Guardians Can Provide

• Residential Habilitation
• Supported Living (ID/A Waivers only)
• Supplemental Habilitation/Temporary Supplemental Services

When one of these services is rendered by relatives or legally responsible individuals, the provider agency authorized to render the Residential Habilitation, Supported Living or Supplemental Habilitation/Temporary Supplemental Services, is responsible for ensuring that services are provided as authorized in the ISP and that billing occurs in accordance with ODP requirements.
Provider Qualification Flexibility

• 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.

• Provider Qualification Flexibility
  
  • Staff Qualifications
    – Individual staff do not have to meet the qualification criteria to render a specific service.
    
    – Providers must be enrolled and qualified in HCSIS to render the service.
    
    – For newly enrolled providers or new staff hired for any service in the Adult Autism Waiver, the SPeCTRUM 2.0 training course can be completed within 30 days after the first date of service delivery.
Provider Qualification Flexibility

- Staff Qualifications Continued
  - Staff must receive the following training, which needs to be documented:
    - Training on ISP
    - The prevention, detection and reporting of abuse, suspected abuse and alleged abuse
    - Individual rights.
    - Recognizing and reporting incidents.
    - The safe and appropriate use of behavior supports if the person works directly with an individual.

Encourage use of remote training and nurse support to respond to rapid changes

Allow Relatives/Legal Guardians to Provide Additional Hours of Service

- Relatives and legal guardians can provide any amount of needed In-Home and Community Support and/or Companion services.
  - Can be provided through traditional providers or one of the participant-directed services models (ID/A Waivers only): Agency With Choice or Vendor Fiscal/Employer Agent.
  - The requirement that any one relative can provide a maximum of 40 hours per week on In-Home and Community Support and/or Companion is suspended.
  - The requirement that multiple relatives can provide no more than 60 hours per week of In-Home and Community Support and/or Companion is also suspended.
- In the Adult Autism Waiver, the limitation for a family member to deliver services no more than 40 hours in a seven-day period will be extended to 60 hours in a seven-day period.
Flexibility to Meet Staffing Needs in Residential Habilitation, Life Sharing and Supported Living

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

ODP will be holding 2 webinars specific to changes in services for Residential Habilitation, Life Sharing and Supported Living.

- If relatives/friends take the participant to their residence during the COVID19 emergency, participants will not be disenrolled from the waiver.

- The provider can bill for Residential Habilitation, Life Sharing or Supported Living provided in the home of a relative/friend as long as the relative/friend who will render services is employed by the provider agency and has met training requirements.
  - Documentation requirements (service notes and progress notes) remain in place
  - Day unit requirement (generally 8 hours per day of service) remains in place.
Services Can Be Provided In a Hospital

- Participants that require hospitalization due to a diagnosis of COVID-19 may receive the following services in a hospital setting when the participant requires these services for communication, behavioral stabilization and/or intensive personal care needs.
  - In-Home and Community Support
  - Companion
  - Residential Habilitation
  - Life Sharing
  - Supported Living
  - Supplemental Habilitation

Services in the Adult Autism Waiver That Can Be Provided In a Hospital

- The participant must require these services for communication, behavioral stabilization and/or intensive personal care needs.
  - Behavioral Specialist
  - Systematic Skill Building
  - Community Support
  - Residential Habilitation (Community Homes and Life Sharing)
  - Temporary Supplemental Services
  - Therapies
Services Can Be Provided In a Hospital

- The provider is responsible for talking with hospital personnel about whether the hospital will allow the provision of services and follow any hospital requirements for doing so.

- Service notes must be completed for the participant that demonstrate how the service is being used for communication, behavioral stabilization and/or intensive personal care needs.

Respite

- Respite limits may be extended beyond 30 days annually without requesting a variance in order to meet the immediate health and safety needs of participants.

- Respite services may be provided in any setting necessary to ensure the health and safety of participants.
  - The service note must reflect where the Respite is actually provided.
Other Service Limitation Changes in the Adult Autism Waiver:

• Temporary Supplemental Services can be exceeded beyond 540 hours in a twelve-month period

• Community Support, when provided alone or in combination with Day Habilitation, Small Group Employment, and Supported Employment may be provided in excess of 50 hours per week.
  – The AAW Request for an Exception of an Established Service Limit form does not need to be completed

Shift Nursing in AAW

• Providers enrolled to provide Shift Nursing in the Consolidated, Community Living, or P/FDS waivers can enroll in the Adult Autism Waiver to provide Shift Nursing using an expedited enrollment process.
  – To enroll in the AAW, providers should contact the AAW Provider Enrollment Mailbox at ra-pwbasprovenroll@pa.gov to be provided with instruction on an expedited enrollment process.
  – Shift Nursing may be rendered by relatives or legally responsible individuals who meet the qualifications in the service definition.
Exceeding Limits on Services in the Community Living Waiver or Person/Family Directed Support Waiver

- The fiscal year limits may be temporarily exceeded to provide needed services for emergency care provision.

- When emergency is declared to end, utilization of services for individuals must return to the frequency and duration as authorized in individual plans prior to the emergency.

- Exceptions to the fiscal year limits (referred to as cap exceptions) should be identified by the ISP team and a request should be submitted to the AE. The AE will submit exception requests for each individual, to the ODP appropriate Regional Office for review. ODP approvals will be communicated to the AE.

Notify the Supports Coordinator When:

- A service needs to be added to the ISP

- When additional units of service need to be added to the ISP

- A participant will be moving from one home to another
Long Term Stability of Community System

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
  – AAW: Residential Habilitation, including life Sharing, the Community Support component of Specialized Skill Development, Day Habilitation, Respite, and Shift Nursing
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*

• 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)**

Emergency warning signs for COVID-19

• If you develop emergency warning signs for COVID-19 get medical attention immediately. Emergency warning signs include (not all inclusive):

**KNOW THE SYMPTOMS OF COVID-19**

- Fever
- Cough
- Shortness of Breath
- Diarrhea
Resources


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

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