

# Coronavirus (COVID-19) Update: Life Sharing

April 10, 2020

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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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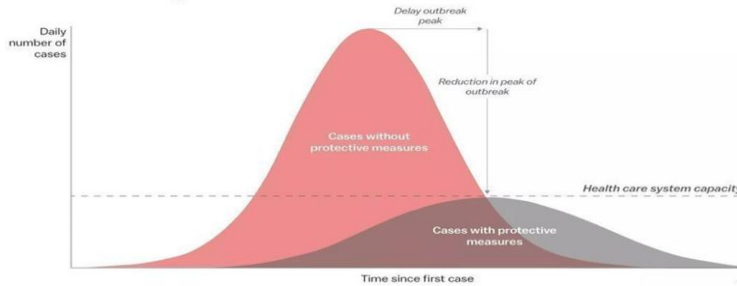
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1. Slow the spread of the virus
2. Used trained direct support professionals where needed most
3. Long term stability of community system
4. Resources and communication

**Flattening the curve**



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**Support in Community Locations**

**SOCIAL DISTANCING  
OUTSIDE OF YOUR HOME**



**YES**



Fresh air activities and exercise, keeping 6 feet between yourself and others who do not live in your home



Life-sustaining trips, like food shopping—try to do weekly rather than daily



Order take-out or delivery from a local restaurant



**NO**



Gatherings of large groups of people



Parties, BBQs, play dates, group sports, etc. with people that do not live in your home



Close contact with people who do not live in your home



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## Appendix K: Approved by CMS on March 18, 2020

- Purpose: to amend 1915(c) waivers during the Coronavirus (COVID19) pandemic until ODP announces an end date of Appendix K.
  - Consolidated Waiver
  - Person/Family Directed Support Waiver
  - Community Living Waiver
  - Adult Autism Waiver

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### Operational Guide for Appendix K

Changes that are contained in the Operational Guide may only be implemented for participants impacted by COVID19. Examples include but are not limited to:

- Was the participant receiving Community Participation Support services in a licensed facility that closed?
- Was the participant's caregiver or a person with whom they live diagnosed (presumptive or confirmed) with COVID-19?

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## Support in Community Locations






- To follow social distancing recommendations, requirements for support in community locations is suspended.
  - Participants should be supported to go outside and exercise, keeping 6 feet between participants and people who do not live and/or provide services in their home.
  - ODP is working on guidance to help providers support individuals who continue to be employed outside the home.
  - The modification of this right is not required to be justified in the ISP.

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## Extensions Medication Administration



-  In response to COVID-19 State of Emergency, Extension of the standard Medication Administration Course Trainer Certification for currently certified trainers to August 31, 2020
-  All face-to-face Train the Trainer courses are cancelled until further notice
-  Annual practicum deadline for current staff extended to June 30, 2020

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## Suspended Functions Until Further Notice



- Annual licensing inspections as specified at 55 Pa. Code § 20.31. (relating to Annual inspection) for Chapters 2380, 2390, 6400 and 6500
- Supports intensity Scale (SIS) and PA Supplement Assessments
  - Reminder: A new needs assessment is required if a major change in the individual's life occurs that has a lasting impact on his or her support needs that is anticipated to last **more than six months and makes his or her assessment inaccurate and no longer current.**
  - Requests to update the SIS should not be submitted for impacts related to COVID-19

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## Suspended Functions Until Further Notice



- Quality Assessment and Improvement (QA&I)
  - All CAPS/DCAPS for QA&I continue to be suspended until further notice. ODP or the AE can determine exceptions when the CAPS and DCAPS are necessary to assure health and safety. In these cases, ODP or AE will communicate the expectation of the implementation of the CAP/DCAPs directly to the impacted party.
- Independent Monitoring for Quality (IM4Q) interviews
- Communication Assessments and Reassessments related to the Harry M Settlement

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## Visitors



- To follow social distancing recommendations, requirements for allowing visitors is suspended.
  - Providers must facilitate personal relationships between each participant and persons of their choosing – via phones, other technology and any other methods that are meaningful.
  - The modification of this right is not required to be justified in the ISP.
  - Limiting visitors against an individual's wishes to prevent the spread of COVID-19 does not need to be entered as a rights violation in Enterprise Incident Management (EIM).

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## Remote Service Delivery



- Residential providers are encouraged to explore whether remote service delivery could meet the health and safety needs of participants during all or some of the hours of the day.
  - Explore whether needed components of the residential service could be rendered remotely.



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## Shift Nursing



- 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:
  - 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 in the home



Providers must notify each participant's SC to have Shift Nursing added to the ISP

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## Flexibility in Size of Location



- Providers are not required to complete a request for Approved Program Capacity when there is a change to the number of people served in the home due to COVID-19.
  - This applies for increases in the number of people served in a home to address staffing shortages or using homes as quarantine sites.
  - This also applies to decreases due to a person's medical or hospital leave due to COVID-19 or when a person stays with family or friends due to COVID-19 (also known as reserved residential capacity).
  - Providers are required to continue completing requests for Approved Program Capacity for any changes not due COVID-19.


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## Flexibility in Size of Location



### NOTIFICATION REQUIREMENT:

-  Providers must notify each person's Supports Coordinator when there are plans to move the person to another home, or when emergency relocation is necessary. The Supports Coordinators will then notify the person's AE to ensure that there are no concerns about the relocation.

For participants in the Adult Autism Waiver, the Supports Coordinator will contact ODP's Bureau of Supports for Special Populations (BSASP)

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## Flexibility in Size of Location



Changes to the ISP are not required when there will be an increase in the number of people served in a home. Providers can continue to bill the procedure code(s) for the service location, including the approved program capacity at the service location, in the ISP prior to the increase in the number of people served in a home.

- (Include the diagnosis code Z03818 on Field 21.B of the claim.)**

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## Sharing Bedrooms



- When there are no other options, each participant's right to choose with whom they share a bedroom is suspended.
  - Providers are responsible for talking with each person who will be required to share a bedroom to discuss their concerns, how privacy will be afforded and how choices will be negotiated.
  - Requests such as sharing a bedroom with someone of the same sex must be honored.
  - An unrelated child and adult may not share a bedroom
  - The modification of this right is not required to be justified in the ISP.

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## Community Participation Support



- Community Participation Support/Day Habilitation may be provided in 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

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## Supplemental Habilitation



- Supplemental Habilitation can be provided during the provision of licensed residential habilitation, licensed life sharing and supported living services.
  - A variance is not needed beyond 90 days
  
- Supplemental Habilitation may be used to supplement staffing in the residential home itself or support a participant while the participant stays in the home of friends, staff or family.



Providers must notify each participant's SC to have Supplemental Habilitation added to the ISP

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## Services By Relatives



- Supplemental Habilitation, Residential Habilitation and Supported Living may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP.
  - 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

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## Staffing Ratio Flexibility



- Minimum staffing ratios as required by licensure, service definition and individual plan may be exceeded due to staffing shortages.
- ODP continues to encourage ISP teams to use person-centered thinking skills to discuss each participant's risk factors and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided; not the number of hours and people, but the reason why staff are there.
  - More information about residential staffing ratios can be found at:
  - [Residential ISP Staffing: It's about the Person, Not the Numbers](#)
  - [Addressing Day to Day Risks with the Team](#)

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## Provider Qualification Flexibility



- Staff Qualifications (ODP Announcement 20-032)
  - During the COVID-19 pandemic, staff persons that meet the qualifications for any one waiver service may render any other service, even if the qualifications are different, except for services that require specific training, education, certification, or professional licensure.
    - ID/A Waivers: Services exempt from this include: Supports Coordination, Behavioral Support, Consultative Nutritional Services, Therapy Services (Music Therapy, Art Therapy and Equine Assisted Therapy), and Shift Nursing
    - AAW: Services exempt from this include: Supports Coordination, Therapies, Specialized Skill Development - Behavioral Specialist Services, Specialized Skill Development - Systematic Skill Development, Nutritional Consultation, Family Support, and Shift Nursing.

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## Provider Qualification Flexibility



(ODP Announcement 20-032)

- Individual staff do not have to meet the qualification criteria to render a specific service.
  - Examples: Staff qualified to render Community Participation Support/Day Habilitation can be transferred/hired to render Residential Habilitation. Residential Habilitation staff can be hired to render In-Home and Community Support, Companion or Respite Services.
- 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.

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## Provider Qualification Flexibility



- Staff Qualifications Continued
  - Staff must receive the following training, which needs to be documented:
    - ✓ Training on ISP, including Behavioral Support Plan (BSP) & Crisis Interventionn Plan (CIP)
    - ✓ Communication
    - ✓ Mobility
    - ✓ Behavior Support
    - ✓ Eating/Feeding
    - ✓ ODP's Fatal Four



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## Provider Qualification Flexibility



- A staff person may work for more than one provider, but only one provider needs to determine that the staff person is qualified to render a waiver service.
- Providers are responsible for determining whether staff meet the qualifications to render a waiver service. Under normal conditions, if a staff person is employed by multiple providers to render a waiver service, each provider is responsible for verifying that the staff person is qualified to render the service.
- To ensure that there are enough staff to meet individuals' needs during the COVID-19 pandemic, only one provider must verify that a staff person is qualified.

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## Provider Qualification Flexibility



- ODP encourages provider collaboration with one another to ensure individuals receive the services and support needed. Providers are asked to supply all staff with a letter that includes:
  - The provider's IRS name, Master Provider Index number and contact information
  - The staff person's name and date of birth, and
  - A list of Waiver services the staff person is qualified to render or a statement reading that the person is "qualified to render any waiver service except those that require specific training, education, certification, or professional licensure as specified in ODP Announcement 20-032."
- Staff may present this letter to any other provider as evidence of meeting qualifications to render waiver services. Providers using these letters as evidence of qualifications hire staff may contact the ODP Provider Qualification mailbox at [ra-odpproviderqual@pa.gov](mailto:ra-odpproviderqual@pa.gov) to verify that the provider who supplied the letter is enrolled and in good standing with ODP.

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## Provider Qualification/Licensing Flexibility



- Initial orientation and annual training does not need to include application of person-centered practices, community integration, individual choice and assisting individuals to develop and maintain relationships
- Minimum numbers of annual training hour requirements are suspended.
  - 55 Pa.Code Chapters 2380, 2390, 6100, 6400 and 6500 provide minimum numbers of hours of annual training (24 hours and 12 hours, respectively) that must be provided to select staff. The requirements to provide the minimum numbers of annual training hours is suspended.
  - Note that the requirement to **provide** training is **not** suspended; the suspension is limited to the number of hours of training that must be provided.

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## Licensing Flexibility



- 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.
  - The tuberculin skin test is part of the annual physical requirements, and is suspended for current staff and participants during the COVID 19 emergency.

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## Residential Services 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.

- Residential Habilitation
- Life Sharing
- Supported Living
- Supplemental Habilitation
- Temporary Supplemental Services (AAW)



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## Residential Services 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.



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## Waiver Caps



- If changes discussed today cause the participant to go over the \$70,000 fiscal year limit enumerated in Appendix C-4 of the Community Living waiver, this may be temporarily allowed 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.

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## Notify the Supports Coordinator



Reminder: Please notify the Supports Coordination 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

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## Long Term Stability of Community System

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### Billing logic and Documentation

- When services have been impacted by COVID-19, ODP recommends providers include the Z03818 medical diagnosis code in addition to the regular program diagnosis code on PROMISE claims
- Retroactive authorizations to March 11, 2020 can be made to remove barriers between HCSIS authorizations and providers rendering services.
  -  Providers should contact the Supports Coordinator to discuss the need for retroactive authorization.
  -  To avoid delays, verbal approval or email approval of changes and additions to ISPs will suffice as authorizations

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## Reporting Suspected and Confirmed Cases



To help mitigate the spread of COVID-19, providers, ICF/IDs and Supports Coordination Organizations are required to report suspected and confirmed cases of COVID-19 for individuals receiving services and for people that work directly with service recipients.

**Suspected** means that a person has been tested for the COVID-19 virus (or a test has been ordered but the person hasn't been tested yet) and is awaiting the test results.

**Confirmed** means that a person was tested for the COVID-19 virus and test was positive OR was diagnosed with COVID-19 by a health care practitioner even if no test was completed.

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## Reporting Cases – Individuals



Providers must use EIM to report suspected and confirmed cases of COVID-19 for **individuals**.

Please refer to the announcements below for specific information about how to use EIM to report COVID-19 cases:

- ODP Announcement 20-037, *Modification of Key Tasks and Activities in Response to Incidents*
- ODP Announcement 20-041, *Provider Guidance for Reporting Cases of COVID-19*

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Providers must report suspected and confirmed cases of COVID-19 for **staff and household members** to ODP's Regulatory Administration Unit (RAU) at [RA-PW6100REGADMIN@pa.gov](mailto:RA-PW6100REGADMIN@pa.gov)

When reporting to RAU, all the following information must be included in the email:

1. Master Provider Index (MPI)
2. The staff person's title
3. Addresses of each home where staff member works / family member lives
4. Type of setting (e.g. "licensed 6500 home")
5. The region where the home is located
6. The number of people who live in the home(s)
7. How many individuals and staff members may have been exposed
8. Where the person was / will be tested for COVID-19
9. Test results (if available)

## Residential Provider Checklist



- This checklist was designed to support Residential Habilitation and Life Sharing providers for initial response to confirmed cases follows the recommended guidelines.
- These guidelines were formed in accordance with Pennsylvania's Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC). ODP may update this checklist as new guidance becomes available from DOH and the CDC.
- ODP Announcement 20-040

**Office of Developmental Programs**  
**Residential Provider Checklist for Confirmed COVID-19 Cases**  
 Providers should follow the recommended steps outlined in this checklist in the event that an individual at an individual license facility with COVID-19. ODP may update this checklist as new guidance becomes available from DOH and the CDC.

- Infection contact tracing (per PA Department of Health (DOH))**
  - PA DOH is the lead for infectious disease contact tracing. Providers can contact DOH at 1-800-735-3229 (PA 610-767) as necessary for additional recommendations or guidance.
- Notify potential close contacts**
  - DOH may provide additional guidance.
  - Maintain HIPAA compliance.
- Provider identifies an Emergency Coordinator**
  - This person will be the single point of contact for the AE and ODP. Providers should share the name and contact information with their AE and ODP regional office when a positive case is confirmed.
  - ODP's COVID-19 response teams will be available to provide additional support by conducting initial contact to guide providers and assess if a deeper need for intervention by ODP/outside agencies is needed.
- Verify the most current DOH/CDC guidance for home settings and long-term care facilities**
  - Maintain the most up-to-date operational guidelines from DOH, CDC, and if applicable, CMS.
  - As guidance changes frequently, providers should review DOH/CDC guidance daily and update COVID-19 operation plans accordingly.
  - Reference for additional guidance:
    - CDC Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
    - PA DOH: <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx>
- Implement resident screening and isolation**
  - Develop, implement, or update the resident screenings for infectious disease to match the relevant guidelines by DOH and CDC.
  - Implement isolation protocols for the individual with COVID-19. Follow DOH and CDC guidelines.
  - Quarantine individuals as recommended by DOH and CDC guidelines.
- Re-assess Personal Protective Equipment (PPE) stock**
  - Providers can notify the County Emergency Management Agency (EMA) when there is a confirmed case of COVID-19 to assist with PPE supply.
  - Providers can submit a resource request for unmet PPE needs to County EMA.
  - Resource requests should be updated as your situation changes. County EMA will need to understand providers needs to correctly prioritize requests.
    - Convey the medicals triage nature of your residents, if applicable.
    - If you have had positive cases or more positive cases from when the request was submitted, first contact.
    - Staffing concerns.
    - Challenge your facility presents for managing spread without proper PPE.
    - Additional relevant information that would provide context to the County EMA.

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## Other Related 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>

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## Statewide Support & Referral Helpline

The toll-free, round-the-clock support line is officially operational. The number to call is 1-855-284-2494. For TTY, dial 724-631-5600

- Culturally competent • Skilled at assisting those with ID/A • Use principles of trauma-informed care to listen, assess needs, triage calls, and provide appropriate referral

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## Questions from the Life Sharing Community

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