



Emergency Preparedness and Response

Operational Guide for the Adult Autism Waiver (AAW)

Version 2.0¹

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¹ This guide will be updated as additional clarification is developed.

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I. Overview

In response to the Coronavirus (COVID-19) pandemic, the Office of Developmental Programs (ODP) submitted Appendix K (relating to emergency preparedness and response and COVID-19 addendum) to the Centers for Medicare and Medicaid Services (CMS) requesting specific amendments to the approved 1915(c) waivers during this emergency.

- The first Appendix K was approved by CMS on March 18, 2020.
- The second Appendix K was approved by CMS on July 23, 2020.
- The third Appendix K was approved by CMS on August 20, 2020.

The changes in the second and third revisions to Appendix K are in addition to the changes contained in the first submission of Appendix K.

The population served through Pennsylvania's Office of Developmental Programs (ODP) is particularly vulnerable to COVID-19 due to:

- Underlying health conditions such as higher levels of diabetes and cardiovascular disease than the general public;
- Reliance on support from others for activities of daily living;
- Deficits in adaptive functioning that inhibit ability to follow infection control procedures; and/or
- Receipt of care in congregate facility-based settings.

ODP currently has approximately 56,000 individuals enrolled for services with approximately 36,000 of those individuals receiving services through one of ODP's approved 1915(c) waivers.

ODP manages four 1915(c) waivers: Person/Family Directed Support (P/FDS), Community Living, Consolidated (i.e. Intellectual Disability/Autism [ID/A]) and Adult Autism Waivers (AAW).

The Office of Developmental Programs has created a [Coronavirus \(COVID-19\) Updates webpage](#) for stakeholders to stay up-to-date with updates and resources from ODP. This guide is also available on this webpage.

II. Purpose and Usage

The purpose of this document is to provide updated operational guidance for the administration and provision of waiver services in accordance with approved Appendix K documents **as well as current orders and guidance issued by the Governor and the Secretary of Health**. This document is intended to be a guide for ODP, Supports Coordination Organizations, and Providers to ensure adherence to the conditions of the emergency requirements and provide specific guidance on process, documentation, and health and safety measures.



This icon indicates a notification requirement or an incident requirement.



This icon indicates additional documentation related to changes contained in Appendix K.



This icon indicates general guidance that has been published in ODP communications but is not contained in Appendix K.

Information that was changed in version 2.0 of this guide (such as changes associated with the second and third revisions to Appendix K, new guidance, and clarifications to previous guidance) is included in red font.

III. Scope

This operational guide applies to services rendered under the Adult Autism Waiver. Due to differences in the waivers, a separate operational guide has been developed for the Consolidated, Community Living, and Person/Family Directed Support (P/FDS) Waivers. The changes in this operational guide 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, Day Habilitation service locations, etc.). Requirements in the current approved waiver must be followed for any requirement not listed in this guide.

IV. Effective Dates

Most of the changes identified in this operational guide were effective March 11, 2020 and will continue to be in effect until an end date is provided by ODP. **This operational guide specifically notes when a change is effective on a date other than March 11, 2020.**

Once the end date of Appendix K is determined, all changes made to implement Appendix K must end. As all changes in this operational guide are specific to COVID-19 impacts, changes made to Individual Support Plans (ISPs) to revert services back to levels prior to being impacted by COVID-19 will not be subject to fair hearing and appeal requirements.

V. Billing Logic and Documentation

ODP acknowledges not all billing scenarios can be identified during the COVID-19 response. On February 20, 2020, CMS provided direction to states on ICD-10-CM billing codes related to COVID-19. Based on this guidance, ODP will be utilizing “Z03818 medical diagnosis code” for claims when something is “out of the ordinary” and it is likely that reconciliation or adjustment will be needed. 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 utilizing the following logic in order of preferred method:

The medical diagnosis code for COVID does not have a decimal point. Please use Z03818.

1. The service on the ISP is correct or a critical revision is made that reflects the service that was rendered. **(Do not use the diagnosis code Z03818 on a claim.)**

Example:

- A critical revision to the ISP is required to add Temporary Supplemental Services.

2. The service on the ISP is correct or a critical revision is made that reflects the service that was rendered, but the service was rendered in accordance with Appendix K. **(Include the diagnosis code Z03818 on Field 21.B of the claim)**

Examples:

- Services that are provided remotely or via telephone.
- Residential Habilitation services rendered beyond the home’s approved program capacity.
- More than 50 hours per week of Community Support, in combination with Supported Employment, Day Habilitation, and Small Group Employment, is provided to meet the needs of participants without a previously approved Exception to the Established Service Limits.
- More than 40 hours per week of a service is rendered by a relative or legal guardian.
- Respite is rendered in a location that is not enrolled and qualified to render the Respite service (examples: private ICFs/ID or a residential location).
- Shift Nursing is added to a plan.

During this crisis, health and safety activities for individuals and families are paramount. **While at this point in time most revisions to ISPs should be made prospectively**, providers should contact the Supports Coordinator to discuss any need for retroactive authorizations.

Retroactive authorizations will be reviewed and approved by ODP's Bureau of Support for Autism and Special Populations (BSASP) on a case-by-case basis. BSASP is available for technical assistance when major changes are discussed or if there are concerns about requests.

Supports Coordination Organizations are not required to use this ICD-10 code.

Providers must document what actions were taken and maintain evidence for why actions were taken:

1. Medical records. Example: Individual #1 receives Residential Habilitation in a Community Home and tests presumptively positive for COVID-19. The provider relocates Individual #1 and suspends his participation in all activities with housemates until medically cleared by a physician. The provider should maintain copies of the positive test result and medical clearance to support the relocation and suspension of participation.
2. Correspondence and other records demonstrating inability to meet required staffing needs. Example: Provider A's provider-employed Direct Support Professionals (DSPs) are unable to report to work due to COVID-19-related reasons. Provider A attempts to secure temporary staff from multiple staffing agencies, but each agency reports that they too are experiencing staff shortages. As a result, Provider A is out of compliance with required staffing needs. Provider A should retain copies of correspondence with each of the staffing agencies contacted to demonstrate that all possible efforts were made to secure enough staff.

VI. Emergency and Temporary Requirements in Appendix K for the Adult Autism Waiver

Guidance for Determining Whether Appendix K Applies

Service changes contained in Appendix K of the AAW may only be implemented for participants impacted by COVID-19. The following questions can be utilized to determine whether requests and authorizations are allowed under an approved Appendix K:

- What change occurred for the participant as a result of COVID-19?
 - a. Was the participant receiving Day Habilitation services in a licensed facility that closed?
 - b. Was the participant diagnosed with COVID-19 and additional services are required in their home during quarantine versus other settings where the participant would normally receive services? For example, if a participant usually receives Supported Employment at their place of employment, do they

need different services during quarantine in their private home such as Community Support since they cannot go to their place of employment?

- c. Was the participant's caregiver or a person with who the participant lives diagnosed (presumptive or confirmed) with COVID-19?
 - d. Was the participant's direct support professional diagnosed (presumptive or confirmed) with COVID-19?
 - e. Is the participant's direct support professional isolating at home or quarantined due to exposure to someone diagnosed (presumptive or confirmed) with COVID-19?
 - f. Is the participant's direct support professional unable to render services due to caring for a child(ren) due to closure of schools or day cares as a result of COVID-19?
 - g. Is the participant's direct support professional unable to render services due to caring for a family member diagnosed with COVID-19?
 - h. Is the provider unable to provide staffing at pre-COVID-19 required levels due to overall shortages of staff and inability to secure additional staff?
 - i. Is the participant's family refusing to allow direct support professionals into their home as part of social distancing?
- Is the change requested covered in this operational guide? If not, please contact the Regional Office Representative in ODP's Bureau of Support for Autism and Special Populations (BSASP).

Given the rapid response that will be necessary to ensure participant health and welfare and to avoid delays while waiting for approval and authorization of ISP changes in HCSIS, documentation of verbal approval or email approval **from the BSASP regional office** of changes and additions to individual plans will suffice as authorization. More information can be found under the operational guidance for Appendix D.

Process for Level of Care

First Appendix K Requirements:

When ICF/ID or ICF/ORC level of care is evaluated, it is not required that a physician recommend, certify, or verify that the individual should receive the level of care furnished through the waiver. **THIS IS NO LONGER PERMISSIBLE.**

1. Level of care recertification can be extended from 365 days of the initial evaluation and subsequent anniversary dates to 18 months from initial evaluations and subsequent anniversary dates.

Operational Guidance:

1. The requirement that a physician recommend, certify, or verify that the individual should receive the level of care furnished through the waiver was suspended from March until the publication of this operational guide. Administrative Entities (AEs) must start obtaining documentation of a current medical evaluation performed by a licensed physician, physician's assistant, or certified registered nurse practitioner that states that the individual is recommended for ICF/ORC or ICF/ID level of care or an MA 51 form completed by a licensed physician, physician's assistant, or certified registered nurse practitioner as outlined in bulletin [00-19-04](#). Participants who were enrolled in a waiver while this requirement was suspended must provide this documentation at the next annual level of care re-evaluation.
2. The level of care redetermination must be made within 18 months for continued waiver eligibility. Supports Coordinators should follow guidance on the completion of level of care recertification that was provided prior to the pandemic. Participants and providers will be notified when their level of care recertification is coming due.

ICD-10 codes discussed in Section V are not required for these changes.

Career Planning – Service Definition and/or Limits

Second Appendix K Requirements:

1. Expand Career Planning to include assisting participants in applying for unemployment benefits when they have lost their jobs.
2. Career Planning services may be provided using remote/telephone support when this type of support meets the health and safety needs of the participant.

Operational Guidance

1. Career Planning providers can bill for assisting participants with applying for unemployment benefits using whatever component of Career Planning is authorized on the participant's ISP.
2. An individual's re-engagement in employment and the support necessary to allow the individual to return to work should be established by using the [ODP Individual Transition Guide](#). Career Planning services should continue to be provided remotely. Face-to-face services may resume when instructions for screening and mask use are followed and one of the following applies:
 - The provider has been unable to deliver or effectively deliver the service; or
 - The participant or family has expressed a preference for face-to-face services.

Career Planning services may be provided remotely when all of the following are met:

- The participant has agreed to receive remote services and the ISP team has determined that remote service will meet the health and safety needs of the participant.
- The technology used complies with Health Insurance Portability and Accountability Act (HIPAA) requirements.
- The remote service includes a component of skill building for use of technology so that in the long-term the participant can use technology independently or with minimal support when working remotely, if required by the participant's employer. This requirement is effective upon publication of this operational guide.

Direct services may only be billed if the direct support professional was actively engaged with the participant via technology or over the telephone. Providers can continue to bill indirect Career Planning services as currently approved in the waiver.

Waiver Reference: Appendix C-1/C-3

Day Habilitation – Service Definitions and/or Limits

First Appendix K Requirements:

1. The requirement to provide services in community locations a minimum of 25% of participant time in service is suspended.
2. Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities). The modification of this right is not required to be justified in the ISP.

3. Day Habilitation may be provided in private homes.
4. Minimum staffing ratios as required by licensure, service definition, and ISP may be exceeded due to staffing shortages. **THIS IS NO LONGER PERMISSIBLE.**

Second Appendix K Requirements:

5. Day Habilitation may be provided using remote/telephonic support when this type of support meets the health and safety needs of the participant.

Third Appendix K Requirements:

6. Allow direct Day Habilitation to be provided in a setting owned, leased or operated by a provider of other ODP services, excluding Personal Care Homes and homes where Residential Habilitation (Community Home) is provided.
7. Allow remote Day Habilitation to be provided for participants receiving Residential Habilitation (Community Home) when all of the following conditions are met:
 - The participant chooses to receive remote Day Habilitation. The service cannot be provided solely for the convenience of the Residential Habilitation provider;
 - ISP team discussion has occurred, and the ISP reflects that the activity to be provided remotely supports the participant's preferences and needs;
 - The remote services meet HIPAA requirements;
 - The remote service includes a component of skill building for use of technology so that, in the long term, participants can use technology independently or with minimal support to continue on-line learning activities or enhance communication with friends and family; and
 - The skills being taught remotely are of a specialized nature and cannot be taught by residential staff (examples include remote instruction conducted by artists, therapists, counselors, physical trainers, or yoga instructors) or the remote service supports personal relationships by connecting the participant to peers from the Day Habilitation facility or friends met through the Day Habilitation service. When supporting personal relationships, the remote service must be part of a larger plan for participants to connect in community settings.

When remote Day Habilitation meet these criteria, a maximum of 10 hours per week of remote support may be authorized/billed on the ISP.

Operational Guidance:

1. 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.
2. To mitigate the spread of COVID-19, Day Habilitation providers are encouraged to support visits by participants with family and friends in community locations and outdoor areas instead of facilities where services are provided. For visits in outdoor areas, providers must encourage participants and visitors to wear cloth or surgical masks when within six feet of other, practice social distancing, and continue hand washing practices when practicable or use hand sanitizer.

If the Day Habilitation program model is reliant upon having visitors enter the facility (usually as customers or patrons), the provider must have a policy that addresses how the provider will mitigate the spread of COVID-19. The policy must include:

- The requirement for visitors to wear masks;
- How providers will ensure that visitors maintain social distancing from the participants receiving services;
- Daily periodic routine cleaning of frequently touched surfaces; and
- How the provider will communicate its policies to visitors prior to visitors entering the facility (such as signs posted on doors or windows).

ODP recommends each Day Habilitation facility consider additional precautionary measures such as screening requirements for visitors, limiting the number of visitors present in the facility at any one time, requiring visitors to make appointments prior to entering the facility, and encouraging online shopping and pick-up options.

3. ODP encourages Day Habilitation providers to continue to support participants in their homes and community locations in accordance with the individual's preferences and services identified by the participant and ISP team using the [ODP Individual Transition Guide \(ITG\)](#).

Day Habilitation may be provided in-person or remotely in the following private homes:

- Homes owned, rented or leased by the participant, the participant's family or friends.
- Licensed and unlicensed Life Sharing homes.

Day Habilitation provided in a private home may require a change to the ISP to identify the billing procedure codes with the accurate staff to participant ratio.



NOTIFICATION REQUIREMENT FOR 1 THROUGH 3: The provider must notify each participant's Supports Coordinator if the provider implements any of the requirements listed above and a change to currently authorized staffing ratios is needed. The provider must inform the Supports Coordinator when these services will start or began due to an emergency, which cannot be prior to March 11, 2020.

4. Effective November 1, 2020, providers must comply with minimum staffing ratios as required by licensure, service definition, and ISP.
5. Day Habilitation services may be provided using remote support when all of the following are met:
 - The participant has agreed to receive remote services and the provider has determined that remote service will meet the health and safety needs of the participant.
 - The technology used complies with HIPAA requirements.
 - The remote service is part of a larger plan for participant to connect in community settings or address wellness needs. The remote service must be used in conjunction with other opportunities and not used by itself.
 - The remote service includes a component of skill building for use of technology so that in the long-term, participants can use technology independently or with minimal support to continue online learning activities or enhance communication with friends and family.

Services may be billed only when direct support professionals are actively engaging with participants to deliver the service via technology or over the telephone. ISPs should include, and the services billed for should reflect, procedure codes that correspond with the staff to participant ratio for participants receiving services remotely.

6. Effective July 1, 2020, direct, in-person Day Habilitation may be provided in a setting owned, leased or operated by a provider of other ODP services, excluding Personal Care Homes and homes where Residential Habilitation (Community Home) is provided. If Day Habilitation services are provided to 4 or more people in a premise that is owned, rented, or leased and operated by the provider, licensure may be required. Licensure may also be required if the Day Habilitation services include providing rehabilitative, habilitative or handicapped employment, or employment training to 1 or more participants in a setting that is owned, leased, or operated by the provider. Please contact the ODP Regulatory Administration Unit at RA-PW6100REGADMIN@pa.gov for guidance about licensure if either of the above scenarios apply.

7. Effective July 1, 2020, a participant receiving Residential Habilitation can receive Day Habilitation services remotely for a maximum of 10 hours per week when all criteria for remote service delivery outlined above are met. In-person Day Habilitation may not be billed when provided in Residential Habilitation (Community Homes). When Day Habilitation is provided remotely, a provider can render both Day Habilitation and Residential Habilitation (Community Home) to a participant. Procedure codes and billing for remote Day Habilitation must reflect the accurate participant to staff ratio for the number of participants receiving remote services by a Day Habilitation staff person.

NOTIFICATION REQUIREMENT FOR 4 THROUGH 7:



The provider must notify each participant's Supports Coordinator if the provider implements any of the requirements listed above and a change to currently authorized staffing ratios is needed. The provider must inform the Supports Coordinator when services will start, which cannot be before the effective dates outlined in this operational guide.

General Guidance:



When rendering group services to participants in the community, providers must encourage participants to wear cloth or surgical masks when within six feet of others, social distancing, and continue hand washing practices when practicable or use hand sanitizer.

When determining the number of hours per day of Day Habilitation services that a participant should have authorized in the ISP, the team should consider the following clarification regarding the objectives of Day Habilitation services and allowable activities during the COVID-19 pandemic.

During the pandemic, the Day Habilitation services can be used to support the following outcomes/goals:

- Physical and mental health wellness needs related to the COVID-19 pandemic.
- Skill building related to learning new infection control protocols (mask use, hand washing, and social distancing).
- Skill building related to connecting with friends and relatives remotely with a goal of participants being able to use technology independently or with little support once the COVID-19 pandemic has ended.
- Building skills that have been lost as a result of the COVID-19 pandemic.

- Combatting isolation experienced as a result of the pandemic by supporting visits and engagement with friends and family.

Additional allowable activities include:

- Developing and providing current and relevant pandemic related program materials and education to participants and their family members.
- Screening participants for COVID-19 prior to service provision.
- Developing the participant's skills to use remote technology to participate in instruction or social activities.

Additional planning and coordination for the following to support the outcomes and activities included above:

- Supporting the participant to engage in personal relationships during the COVID-19 pandemic.
- Activities related to wellness and skill building during the COVID-19 pandemic. This includes planning and coordinating activities regarding teaching participants to follow requirements for participating in community activities such as wearing masks and practicing social distancing.
- Providing education to, and developing cooperative plans with, families to support participants to build skills necessary to safely engage in community activities during the COVID-19 pandemic and maintain protocols to participate in social bubbles/cohorts.
- Developing and scheduling of cohorts of participants and staff for activities while minimizing risk of exposure to COVID-19.

Effective July 1, 2020, planning and coordination activities are limited to 1040 units per participant per plan year and can be billed at the facility staffing ratio where the fewest individuals are supported by a staff person that is authorized in the individual's plan.

Providers and Individual Support Plan (ISP) teams should use the guidance in the [Individual Transition Guide](#) to make determinations about the number of people transported on a case-by-case basis. Some factors to consider include:

- The size of the vehicle and ability to separate passengers in the vehicle.
- Whether all the passengers live together or have been grouped for regular daily contact with one another.

- Each passenger’s tolerance for wearing a mask while in the vehicle.
- The health and behavioral support needs of each person transported and how they interact with others in the vehicle.

All surfaces of the vehicle must be cleaned using a disinfectant after each use.



General Guidance for the Provision of Day Habilitation Services in Licensed Facilities During the COVID-19 Pandemic:

Providers are permitted to reopen but must follow screening, social distancing, and infection control protocols. See ODP Announcement [20-062](#), “ODP/Administrative Entity (AE) Facility Based Community Participation Supports Readiness Tool for COVID-19”.

ODP Announcement [20-101](#) should be followed regarding temporary closures of facilities where Day Habilitation services are provided related to the community spread of COVID-19 or when an individual or staff member is diagnosed with COVID-19 and spent 15 minutes or more in the facility.

Waiver Reference: Appendix C-1/C-3

Family Support, Nutritional Consultation, and Small Group Employment – Service Definitions and/or Limits

First Appendix K Requirements:

1. Family Support, Nutritional Consultation, and Small Group Employment may be provided using remote/telephone support when this type of support meets the health and safety needs of the participant, including behavioral health needs.

Operational Guidance

1. Family Support, Nutritional Consultation, and Small Group Employment should continue to be provided remotely. Face-to-face services may resume when instructions for screening and mask use are followed and one of the following applies:
 - The provider has been unable to deliver or effectively deliver the service; or
 - The participant or family has expressed a preference for face-to-face services.

Family Support, Nutritional Consultation, and/or Small Group Employment may be provided remotely **when all of the following are met:**

- The participant has agreed to receive remote services and the ISP team has determined that remote service meets the health and safety needs of the participant.

- The technology used complies with HIPAA requirements.
- If direct Family Support is being provided, services must be provided by means that allows for two-way, real-time interactive communication, such as through audio/video conferencing. The technology used should be capable of clearly presenting sound and image in real time and without delay. Providers can call participants over the phone as an incidental component of the service to check in with participants or in emergency circumstances if all other criteria are met.
- Telephone consultation for Nutritional Consultation is allowable regardless of the distance between the provider and the participant. The initial assessment required for ongoing services may be completed **by means that allow for two-way, real-time interactive communication, such as through audio/video conferencing. The technology used should be capable of clearly presenting sound and image in real time and without delay.**

Services may only be billed if the provider staff was actively engaged with the participant via technology or over the telephone. Providers can continue to bill indirect Nutritional Consultation services as currently approved in the waiver.



NOTIFICATION REQUIREMENT: The provider must notify each participant’s Supports Coordinator if services need to be added to the ISP or additional units are required to implement the change to remote support. The provider must inform the Supports Coordinator when services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.



General Guidance for the Provision of Small Group Employment Services During the COVID-19 Pandemic:

Small Group Employment providers should consider operating in smaller groups to allow for social distancing on the job site and while on the van or bus. Instead of gathering at the facility, providers should consider alternate methods such as transporting directly from the participants’ homes to the job site and back to their homes. Small Group Employment providers and ISP teams should use the guidance in the [Individual Transition Guide](#) to make determinations about the number of people transported on a case-by-case basis. Some factors to consider include:

- The size of the vehicle and ability to separate passengers in the vehicle.
- Whether all the passengers live together or have been grouped for regular daily contact with one another.
- Each passenger’s tolerance for wearing a mask while in the vehicle.

- The health/behavioral support needs of each person transported and how they interact with others in the vehicle.

All surfaces of the vehicle must be cleaned using a disinfectant after each use.

Waiver Reference: Appendix C-1/C-3

Residential Habilitation (Community Homes and Life Sharing) Service Definitions and/or Limits

First Appendix K Requirements:

1. Service can be provided in licensed or unlicensed settings.
2. Service definition limitations on the number of people of served in each home may be exceeded.
3. Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodate use of other sites as quarantine sites.
4. Prior written authorization through the use of the Residential Habilitation Request Form is suspended.
5. Each participant's right to choose with whom they share a bedroom is suspended. The modification of this right is not required to be justified in the ISP.
6. Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long-term care facilities). The modification of this right is not required to be justified in the ISP.
7. Residential Habilitation services may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP.
8. Minimum staffing ratios as required by licensure, service definition, and individual plan may be exceeded due to staffing shortages.
9. Participants that require hospitalization due to a diagnosis of COVID-19 may receive Residential Habilitation in a hospital setting when the participant requires these services for communication, behavioral stabilization, and/or intensive personal care needs. Residential Habilitation can be provided in a hospital as long as it is medically necessary for the participant to be hospitalized due to a diagnosis of COVID-19. **Effective July 1, 2020, the guidance regarding services in a hospital starting on page 40 must be followed when services are rendered while a participant is hospitalized.**

Second Appendix K Requirements:

10. Residential Habilitation (Community Home) can be provided in licensed vocational facilities and adult training facilities that are currently closed/not in use when needed for quarantine purposes and the provider is unable to safely quarantine the participant(s) in their home(s). Facilities must include full bathroom facilities and be appropriate to accommodate all infection control protocols. Use of licensed vocational and adult training facilities is permissible only for the length of time a participant is required to be quarantined as outlined in the most current guidance from the Department of Health.

11. Residential Habilitation (Community Home) can be provided in an unlicensed private home of Residential Habilitation staff. The current authorized Residential Habilitation provider is responsible for ensuring the service is delivered and billed in accordance with the ISP.

Third Appendix K Requirements:

12. Residential Habilitation (Community Home) is permitted to be temporarily provided in licensed residential homes located on a campus setting for quarantine purposes when the provider is unable to safely quarantine the participant(s) in their home(s). Use of licensed residential homes on a campus is permissible only for the length of time a participant is required to be quarantined as outlined in the most current guidance from the Department of Health.

Operational Guidance:



General Guidance for the Provision of Residential Services During the COVID-19 Pandemic:

As communicated in ODP [Announcement 20-072](#), residential service providers should:

- Continue to follow all guidance issued for staff and resident screening for COVID-19 symptoms and infection.
- Support participants to access the community in limited scope. Activities must be allowed as stipulated by current orders from Governor Wolf as well as recommendations from the Department of Health and the Department of Human Services, including the Office of Developmental Programs. All appropriate steps must be taken for the participant to safely engage in the activity. Community activities and necessary supports for those activities should be established using the [ODP Individual Transition Guide](#). Outdoor activities aimed at wellness are highly encouraged.
- Communicate changes in policy and protocols to individuals and families.

- Maintain an awareness of infectious disease outbreaks that should inform risk, screening, and mitigation strategies in the provision of service due to travel of staff, individuals, or visitors.
- Maintain additional stock of Personal Protective Equipment (PPE) in case of another COVID-19 outbreak.
- Provide ongoing training, exercises, and planning for best practices related to infectious disease containment and mitigation.

1. Providers enrolled in the Consolidated or Community Living waivers to provide Residential Habilitation and Life Sharing can enroll in the Adult Autism Waiver to provide these services in either *licensed* or *unlicensed* settings. To enroll in the AAW, contact the AAW Provider Enrollment Mailbox at ra-pwbasprovenroll@pa.gov to be provided with instruction on an expedited enrollment process.

2 & 3: For Residential Habilitation (Community Homes), the number of people receiving services in each licensed or unlicensed home may not exceed 8 or the capacity listed on the certificate of occupancy, whichever number is lower. For Life Sharing, the number of people receiving Life Sharing services may not exceed 2 people.



NOTIFICATION REQUIREMENT: Providers must notify a participant’s Supports Coordinator when there is a plan to move a participant to another home or when a participant must be relocated because of an emergency. The Supports Coordinator will then notify the participant’s Regional Office Representative of ODP’s Bureau of Supports for Autism and Special Populations to confirm that there are no concerns about the relocation.

Effective June 10, 2020, as discussed in ODP Announcement [20-072](#), providers and Supports Coordinators must initiate planning for participants who were relocated to return to the participant’s residential home. If a participant chooses not to return to the residential home permanently or for an extended period of time, planning must occur to determine what services are needed to support the participant in the home where the participant is currently residing.

4. If a participant needs to begin receiving Residential Habilitation, including Life Sharing, during this time, the Supports Coordinator does not need to complete or submit the Residential Habilitation Request Form if the service is needed due to a diagnosis or circumstances related to COVID-19.



NOTIFICATION REQUIREMENT: Before adding Residential Habilitation, including Life Sharing, to a participant’s ISP, the Supports Coordinator should contact the Regional Office Representative of ODP’s Bureau of Supports for Autism and Special Populations, except in emergency situations where a participant’s health and safety

is at risk. Notification to BSASP in these circumstances must be done as soon as possible.

5. When increasing the number of people served in a home, accommodations should be as comfortable and dignified as possible. While each participant's right to choose with whom they share a bedroom is suspended, providers are still encouraged to help participants exercise their rights to the fullest extent possible. Providers are responsible for talking with each participant 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.
6. Effective June 10, 2020, as discussed in ODP Announcement [20-072](#), providers of Residential Habilitation, including Life Sharing, must allow visitation with small numbers of friends and family with proper social distancing and following instructions for mask use. Providers should follow guidance for visitation provided in ODP Announcement [20-066](#).
7. Relatives and legally responsible individuals who render Residential Habilitation services must **be hired by or under contract with the provider to render the service and** receive training on the ISP of the participant for whom they are rendering these services, including training on the Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP). Training on the ISP must consist of basic health and safety support needs for the participant including but not limited to the Fatal Four, **communication, mobility, and behavioral needs**.

When this service is rendered by relatives or legally responsible individuals, the provider agency authorized to render the Residential Habilitation is responsible for ensuring that services are provided as authorized in the ISP and that billing, as well as claim and service documentation, occurs in accordance with ODP requirements.

Additional guidance regarding training requirements can be found in the section pertaining to Provider Qualifications.

8. 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 are around why the supports are being provided; not the number of hours and people, but the reason why staff are there.



INCIDENT REQUIREMENT: Providers must report any incidents in which staffing shortages result in an alleged failure to provide care.

9. **Effective March 11, 2020 through June 30, 2020**, when services will be provided during the hospitalization of a participant, the provider can continue to bill the Residential Habilitation service as long as a minimum of 8 hours of non-continuous care is rendered within a 24-hour period beginning at 12:00 a.m. and ending at 11:59 p.m. 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.

Effective July 1, 2020, the guidance regarding services in a hospital starting on page 40 must be followed when services are rendered while a participant is hospitalized.



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

10. **This provision applies to Residential Habilitation Community Homes only. The Residential Habilitation provider must contact ODP's Bureau of Supports for Autism and Special Populations prior to providing Residential Habilitation services for quarantine purposes in licensed vocational facilities or adult training facilities that are currently closed or not in use.**
11. **A participant may relocate to the private residence of a Residential Habilitation (Community Home) staff person if the participant, their ISP team, staff person, and the provider are in agreement with the relocation. When a relative is hired by a Residential Habilitation provider to provide the service in the relative's own private home, the relative is considered a Residential Habilitation (Community Home) staff person. Residential Habilitation (Community Home) staff may also render services in the private home of a relative of the participant if all parties agree. In all scenarios, the current authorized Residential Habilitation provider is responsible for ensuring the service is delivered and billed in accordance with the ISP, including ensuring that the threshold for billing a day unit is met.**
12. **This requirement became effective on July 1, 2020. For providers that established space or vacant homes, the provider is responsible for maintaining physical quarantine or isolation areas in case of another outbreak of COVID-19.**

NOTIFICATION REQUIREMENT:



The provider must notify a participant's Supports Coordinator when there is a plan to move a participant to another home or a participant must be relocated because of an emergency. The Supports Coordinator will then notify the participant's Regional Office Representative of ODP's Bureau of Supports for Autism and Special Populations to confirm that there are no concerns about the relocation.

Respite – Service Definition and/or Limits

First Appendix K Requirements:

1. Respite limits may be extended beyond 30 times the day unit rate per ISP plan year without requesting an exception in order to meet the immediate health and safety needs of participants, including behavioral health needs.
2. Respite services may be provided in any setting necessary to ensure the health and safety of participants.
3. Room and board are included in the fee schedule rate for Respite in a licensed Residential Habilitation setting.
4. Room and Board would be included in the fee schedule for settings used in response to the emergency.

Operational Guidance

1. The AAW Request for an Exception of an Established Service Limit form does not need to be completed when a participant requires Respite totaling more than 30 units of day respite in a period of one fiscal year in order to meet the health, safety, or behavioral needs of the participant.



NOTIFICATION REQUIREMENT: The provider must notify each participant's Supports Coordinator when he or she needs an increase in the number of units of Respite currently authorized on the ISP.

2. Respite services may be provided in a setting/service location that is not currently enrolled or qualified to render services when the setting/service location is owned by a provider that is enrolled and qualified to render Respite services in another location. Example: A provider owns a residential home or private ICF/ID where they would like to render Respite. The provider is already enrolled and qualified to render Respite in a different service location. **The provider can use the currently enrolled service location to render services in the residential home or private ICF/ID, even though the residential home or private ICF/ID is not covered under the service location that is currently enrolled and qualified as a location where Respite services can be rendered.**



NOTIFICATION REQUIREMENT: To implement this change, the provider must notify the participant's Supports Coordinator to add the Respite service and/or the service location in the ISP, if it is not already included on the ISP. While the ISP will not reflect the actual location where Respite is provided, the provider must notify the Supports Coordinator where Respite will be provided.



DOCUMENTATION REQUIREMENT: The service note must reflect where the Respite is actually provided.

3. & 4. No additional guidance.

Specialized Skill Development: Behavioral Specialist and Systematic Skill Building – Service Definitions and/or Limits

First Appendix K Requirements:

1. Behavioral Specialist and Systematic Skill Building services may be provided using remote/telephone support when this type of support meets the health and safety needs of the participant, including behavioral health needs.
2. Participants that require hospitalization due to a diagnosis of COVID-19 may receive Behavioral Specialist and Systematic Skill Building services in a hospital setting when the participant requires these services for communication, behavioral stabilization, and/or intensive personal care needs. **Effective July 1, 2020, the guidance regarding services in a hospital starting on page 40 must be followed when services are rendered while a participant is hospitalized.**

Operational Guidance

1. All services should continue to be provided remotely. Face-to-face services may resume when instructions for screening and mask use are followed and one of the following applies:
 - The provider has been unable to deliver or effectively deliver the service; or
 - The participant or family has expressed a preference for face-to-face services.

Behavioral Specialist and/or Systematic Skill Building services **may be provided remotely when all of the following are met:**

- The participant has agreed to receive remote services and the ISP team has determined that remote service meets the health and safety needs of the participant.
- The technology used complies with HIPAA requirements.
- The services must be provided by means that allows for two-way, real-time interactive communication, such as through audio/video conferencing. The technology used should be capable of clearly presenting sound and image in real time and without delay. Providers can call participants over the phone as an incidental component of the service to check in with participants or in emergency circumstances if all other criteria are met.
- The use of remote Behavioral Specialist services is clearly documented in the Behavior Support Plan.

Services may only be billed if the Behavioral Specialist or Systematic Skill Builder was actively engaged with the participant via technology or over the telephone. Providers

can continue to bill consultative Behavioral Specialist and Systematic Skill Building as currently approved in the waiver.



NOTIFICATION REQUIREMENT: The provider must notify each participant's Supports Coordinator if services need to be added to the ISP or additional units are required to implement the change to remote service delivery. The provider must inform the Supports Coordinator when remote services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.

2. **Effective March 11, 2020 through June 30, 2020,** Behavioral Specialist and Systematic Skill Building services can be provided in a hospital as long as it is medically necessary for the participant to be hospitalized due to COVID-19. 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.

Effective July 1, 2020, the guidance regarding services in a hospital starting on page 40 must be followed when services are rendered while a participant is hospitalized.



DOCUMENTATION REQUIREMENT: When services are provided during hospitalization, service notes must be completed for the participant that demonstrate how the service is being used for communication, behavioral stabilization, or intensive personal care needs.

Waiver Reference: Appendix C-1/C-3

Specialized Skill Development: Community Support – Service Definitions and/or Limits

First Appendix K Requirements:

1. 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 without requesting an exception in order to meet the health and safety needs of participants.
2. Community Support may be provided using remote/tele support when this type of support meets the health and safety needs of the participant, including behavioral health needs.
3. Participants that require hospitalization due to a diagnosis of COVID-19 may receive Community Support in a hospital setting when the participant requires these services for communication, behavioral stabilization and/or intensive personal care needs.

Effective July 1, 2020, the guidance regarding services in a hospital starting on page 40 must be followed when services are rendered while a participant is hospitalized.

Operational Guidance



NOTIFICATION REQUIREMENT FOR 1: The AAW Request for an Exception of an Established Service Limit form does not need to be completed when a participant requires more than 50 hours per week of Community Support, Day Habilitation, Small Group Employment, and Supported Employment due to an increased need for Community Support related to COVID-19. Providers of Community Support must notify each participant's Supports Coordinator when he or she needs an increase in the services currently authorized on the ISP.

2. All services should continue to be provided remotely. Face-to-face services may resume when instructions for screening and mask use are followed and one of the following applies:

- The provider has been unable to deliver or effectively deliver the service; or
- The participant or family has expressed a preference for face-to-face services.

Community Support services may be provided using remote support when all of the following are met:

- The participant has agreed to receive remote services and the ISP team has determined that remote services will meet the health and safety needs of the participant.
- The technology used complies with HIPAA requirements.
- The remote service is part of a larger plan for participants to connect in community settings or address wellness needs. The remote service must be used in conjunction with other opportunities and not used by itself. This requirement is effective upon publication of this operational guide.
- The remote service includes a component of skill building for use of technology so that in the long term, participants can use technology independently or with minimal support to continue online learning activities or enhance communication with friends and family. This requirement is effective upon publication of this operational guide.

Services must support the participant to participate in all community activities as allowed by current orders and guidance from Governor Wolf, the Department of Health or the Department of Human Services, including ODP. All appropriate steps must be taken for the participant to safely engage in community activities.

Services may only be billed for only if the direct support professional was actively engaged with the participant via technology or over the telephone.



NOTIFICATION REQUIREMENT: The provider must notify each participant’s Supports Coordinator if services need to be added to the ISP or additional units are required to implement this change. The provider must inform the Supports Coordinator when services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.

3. **Effective March 11, 2020 through June 30, 2020**, Community Support services can be provided in a hospital as long as it is medically necessary for the participant to be hospitalized due to COVID-19. 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.

Effective July 1, 2020, the guidance regarding services in a hospital starting on page 40 must be followed when services are rendered while a participant is hospitalized.



DOCUMENTATION REQUIREMENT: When services are provided during a participant’s hospitalization, service notes must be completed for the participant that demonstrate how the service is being used for communication, behavioral stabilization, or intensive personal care needs.

Waiver Reference: Appendix C-1/C-3

Supported Employment – Service Definition and/or Limits

Second Appendix K Requirements:

1. Expand Supported Employment to include assisting participants in applying for unemployment benefits when they have lost their jobs.
2. Supported Employment services may be provided using remote/telephone support when this type of support meets the health and safety needs of the participant.
3. Supported Employment may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP.

Operational Guidance

1. Supported Employment providers can bill for assisting participants with applying for unemployment benefits using whatever component of direct Supported Employment (Intensive Job Coaching or Extended Employment Supports) is authorized on the participant’s ISP.
2. An individual’s re-engagement in employment and the support necessary to allow the individual to return to work should be established by using the [ODP Individual Transition Guide](#). Supported Employment services should continue to be provided

remotely. Face-to-face services may resume when instructions for screening and mask use are followed and one of the following applies:

- The provider has been unable to deliver or effectively deliver the service; or
- The participant or family has expressed a preference for face-to-face services.

Supported Employment services may be provided remotely when all of the following are met:

- The participant has agreed to receive remote services and the ISP team has determined that remote service will meet the health and safety needs of the participant.
- The technology used complies with HIPAA requirements.
- The remote service includes a component of skill building for use of technology so that in the long term the participant can use technology independently or with minimal support when working remotely, if required by the participant's employer. This requirement is effective upon publication of this operational guide.

Direct services may only be billed if the direct support professional was actively engaged with the participant via technology or over the telephone. Providers can continue to bill indirect Supported Employment services as currently approved in the waiver.

3. Relatives and legally responsible individuals must be hired by or under contract with the provider to render the service and receive training on the ISP of the participant for whom they are rendering services, including training on the Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP). Training on the ISP must consist of basic health and safety support needs for the participant including but not limited to the Fatal Four, communication, mobility, and behavioral needs.

Relatives and legally responsible individuals must also complete the Employment/Vocational Services Training developed by ODP, unless prevented from completing the training as a result of technology limitations. Exceptions will be allowed on a case-by-case basis. If an exception is needed, the provider must contact ODP's Bureau of Supports for Autism and Special Populations (BSASP) and receive approval in writing from BSASP.

When Supported Employment is rendered by relatives or legally responsible individuals, the provider agency authorized to render the Supported Employment service is responsible for ensuring that services are provided as authorized in the ISP and that billing, as well as claim and service documentation, occurs in accordance with ODP's requirements.

Supports Coordination – Service Definition and/or Limits

First Appendix K Requirements:

1. Allow remote/telephone individual monitoring by Supports Coordination where there are currently face-to-face requirements.
2. Individual Support Plan team meetings and plan development may be conducted entirely using telecommunications.

Operational Guidance

1 & 2. Supports Coordinators should continue to use remote means (telephone or video conferencing solutions) for most individual monitoring and meetings. Face-to-face monitoring should be conducted when the Supports Coordinator has been unable to effectively conduct wellness checks and monitoring. Another consideration is if the participant or family indicates a preference for face-to-face monitoring or team meetings all appropriate precautions can be taken. During face-to-face contact, all instructions for screening for COVID-19 and mask use must be followed.

Support Coordinators should continue to conduct weekly check-in calls unless both of the following conditions are met:

- The participant or family states that they do not want to participate in weekly check-ins; and
- The Supports Coordinator does not have any concerns that would necessitate the continuation of weekly check-in calls.

ODP expects Supports Coordinators to continue individual transition discussions as discussed in ODP announcement [20-056](#).

For individual quarterly monitoring that would have typically been required to be conducted face-to-face, the SC must continue to evaluate and record the answers to all of the questions on the SC monitoring tool, to the best of his or her ability.

Assessments

The Scales of Independent Behavior-Revised (SIB-R), Quality of Life Questionnaire (QOL.Q), Parental Stress Scale (PSS), and Baseline Outcomes assessments should be conducted remotely (telephone or video conferencing solutions) for most participants. Face-to-face assessments may be resumed if the participant or family has indicated a preference for face-to-face assessments and it is safe to complete the assessments in person. During face-to-face contact, all instructions for screening for COVID-19 and mask use must be followed.

- For participants who have a Plan Effective Date (PED) on or after February 1, 2021, Supports Coordinators must conduct assessments as part of the Annual Review Plan process and within the timeframes established by ODP policy prior to the COVID-19 emergency.
- For participants who have a PED from March 11, 2020 through January 31, 2021 and did not have assessments completed as part of the Annual Review Plan process during this time, the SIB-R, QOL.Q, and PSS can be completed as part of the next Annual Review Plan process.
- For participants who were enrolled in the AAW from March 11, 2020 through October 31, 2020 and did not have assessments completed as part of the initial plan development, the SIB-R, QOL.Q, PSS, and Baseline Outcomes must be completed for those participants no later than February 1, 2021. Adjustments to the ISP based on the outcomes of those assessments must be completed through a critical revision or general update. The SC ongoing service (15-minute units) should be billed for the completion of the assessments. SCs should complete a Critical Revision if additional SC ongoing units will be needed.
- For participants enrolled in the AAW on or after November 1, 2020, SCs should complete the SIB-R, QOL.Q, PSS, and Baseline Outcomes assessments for the development of the initial ISP as defined by ODP policy prior to the COVID-19 emergency. The Initial Plan Development unit should be billed for these activities.

The PRE should continue to be completed by the Supports Coordinator or Behavioral Specialist prior to the submission of the ISP.

Interim ISPs for persons newly enrolled in the AAW are no longer permitted.

ICD-10 codes discussed in Section V are not required for these changes.

Temporary Supplemental Services - Service Definitions and/or Limits

First Appendix K Requirements:

1. Temporary Supplemental Services can be exceeded beyond 540 hours in a twelve-month period to address the increased needs of individuals affected by the epidemic/pandemic or increased number of individuals served in a service location.
2. Temporary Supplemental Services may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP.
3. Participants that require hospitalization due to a diagnosis of COVID-19 may receive Temporary Supplemental Services in a hospital setting when the participant requires these services for communication, behavioral stabilization and/or intensive personal

care needs. **Effective July 1, 2020, the guidance regarding services in a hospital on page 40 must be followed when services are rendered while a participant is hospitalized.**

Operational Guidance

1. The need to exceed the service limit to assure the participant's health and safety should be identified by the ISP team.



NOTIFICATION REQUIREMENT: The Supports Coordinator must notify the Regional Office Representative of ODP's Bureau of Supports for Autism and Special Populations (BSASP) via email with the participant's name, reason for the service, reason for the service limit to be exceeded (if applicable), and length of time service will be needed (if known).

BSASP will review the situation with the Supports Coordinator (and through service notes) on a regular basis to review the continued need for Temporary Supplemental Services.

2. Relatives and legally responsible individuals who render Temporary Supplemental Services must **be hired by or under contract with the provider to render the service and** receive training on the ISP of the participant for whom they are rendering these services, including training on the Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP). Training on the ISP must consist of basic health and safety support needs for that participant including but not limited to the Fatal Four, **communication, mobility, and behavioral needs.**

When this service is rendered by relatives or legally responsible individuals, the provider agency authorized to render the Temporary Supplemental Services is responsible for ensuring that services are provided as authorized in the ISP and that billing, as well as claim and service documentation, occurs in accordance with ODP requirements.

3. **Effective March 11, 2020 through June 30, 2020,** Temporary Supplemental Services can be provided in the hospital as long as it is medically necessary for the participant to be hospitalized due to COVID-19. 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.

Effective July 1, 2020, the guidance regarding services in a hospital starting on page 40 must be followed when services are rendered while a participant is hospitalized.



DOCUMENTATION REQUIREMENT: When services are provided during a participant's hospitalization, service notes must be completed for the participant that demonstrate how the service is being used for communication, behavioral stabilization, or intensive personal care needs.

Therapies (Counseling) – Service Definitions and/or Limits

First Appendix K Requirements:

1. Therapy (counseling) may be provided using remote/tele support when this type of support meets the health and safety needs of the participant, including behavioral health needs.
2. Participants that require hospitalization due to a diagnosis of COVID-19 may receive therapy (counseling) in a hospital setting when the participant requires these services for communication, behavioral stabilization, and/or intensive personal care needs.

Operational Guidance

1. Therapies (Counseling) should continue to be provided remotely. Face-to-face services may resume when instructions for screening and mask use are followed and one of the following applies:
 - The provider has been unable to deliver or effectively deliver the service; or
 - The participant or family has expressed a preference for face-to-face services.

Therapies may be provided remotely when all of the following are met:

- The participant has agreed to receive remote services and the ISP team has determined that remote service meets the health and safety needs of the participant.
- The technology used complies with HIPAA requirements.
- Services must be provided by means that allows for two-way, real-time interactive communication, such as through audio/video conferencing. The technology used should be capable of clearly presenting sound and image in real time and without delay. Providers can call participants over the phone as an incidental component of the service to check in with participants or in emergency circumstances if all other criteria are met.

Services may only be billed if the provider staff was actively engaged with the participant via technology or over the telephone. Providers can continue to bill indirect services as currently approved in the waiver.



NOTIFICATION REQUIREMENT: The provider must notify each participant's Supports Coordinator if services need to be added to the ISP or additional units are required to implement the change to remote support. The provider must inform the Supports Coordinator when services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.

2. Therapy (counseling) can be provided in the hospital as long as it is medically necessary for the participant to be hospitalized due to COVID-19. 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.



DOCUMENTATION REQUIREMENT: When services are provided during a participant's hospitalization, service notes must be completed for the participant that demonstrate how the service is being used for communication, behavioral stabilization, or intensive personal care needs.

Waiver Reference: Appendix C-1/C-3

NEW SERVICE: Shift Nursing – Service Definition and/or Limits

In the first Appendix K, Shift Nursing was added as a service in the Adult Autism Waiver while Appendix K is in effect.

Service Definition:

Shift Nursing is a direct service that can be provided either part-time or full-time in accordance with 49 Pa. Code Chapter 21 (State Board of Nursing) which provides the following service definition for the practice of professional nursing: "Diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The term does not include acts of medical diagnosis or prescription of medical, therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board."

Shift nursing for participants is generally not available through Medical Assistance Fee-For-Service or Physical Health Managed Care Organizations. Home health care, which is defined as a rehabilitative nursing component, is the only service available in the participant's home through Medical Assistance.

Shift Nursing services may only be funded for participants through the Waiver if documentation is secured by the Supports Coordinator that shows the service is medically necessary and either not covered by the participant's insurance or insurance limitations have been reached. A participant's insurance includes Medical Assistance (MA), Medicare and/or private insurance.

This service may be provided at the following levels:

- Basic - Staff-to-individual ratio of 1:2.

- Level 1 – Staff-to-individual ratio of 1:1.

Participants authorized to receive Shift Nursing services may not receive the following services at the same time as this service: Respite (15-minute or Day); the Systematic Skill Building, and Community Support components of Specialized Skill Development; Day Habilitation, Therapies, and Nutritional Consultation. Shift nursing may be provided as a discrete service during the provision of residential habilitation, including life sharing to ensure participant health and safety needs can be met.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.

Provider Specifications:

Shift Nursing can be provided by an individual nurse or a Nursing Agency.

Provider Qualifications (Individual Nurse):

Nurses must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of self-assessment and validation of required documentation, policies and procedures.
5. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
6. Have Workers' Compensation Insurance, in accordance with state statute.
7. Be trained to meet the needs of the participant which includes but is not limited to communication, mobility, and behavioral needs.
8. Comply with Department standards related to provider qualifications.

Individual nurses must meet the following requirements:

- Be a Registered Nurse (RN) or Licensed Practical Nurse (LPN).
- Comply with Title 49 Pa. Code Chapter 21.

- Nurses with a waiver service location in a state contiguous to Pennsylvania must comply with regulations comparable to Title 49 Pa. Code Chapter 21.

Provider Qualifications (Nursing Agencies):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training,
4. New providers demonstrate compliance with ODP standards through completion of self-assessment and validation of required documentation, policies, and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state statute.
7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility, and behavioral needs.
8. Comply with Department standards related to provider qualifications.

Nurses working for or contracting with agencies must have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

Staff (direct, contracted, or in a consulting capacity) providing Shift Nursing services must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN).

Providers with a waiver service location in Pennsylvania must comply with Title 49 Pa. Code Chapter 21.

Providers with a waiver service location in a state contiguous to Pennsylvania must comply with regulations comparable to Title 49 Pa. Code Chapter 21.

Operational Guidance

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-pwbasprouenroll@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.

ODP’s Bureau of Supports for Autism and Special Populations will provide Supports Coordinators with a Services and Supports Directory for Shift Nursing. If the Supports Coordinator has identified in need for shift nursing in a county where a provider has not yet been identified, the SC should contact the AAW Provider Enrollment Mailbox at ra-pwbasprouvenroll@pa.gov.

Determining the need for services:

The following additional questions should be used to establish a determination of need:

- Does this participant have an unstable airway that without immediate intervention could cause respiratory arrest (stop breathing)?
- Does this participant need clinical treatment that either requires the presence of a nurse or that can be taught to a lay person and monitored by a nurse?
- Does this participant have someone supporting him or her that can be taught treatment techniques and maintain equipment in a home program?
- Can care be safely and effectively administered in the home setting and life-supporting equipment be managed?

Shift Nursing services may only be funded through the waiver if documentation is secured by the SC that shows the service is medically necessary. The participant must be in need of support that that can only be provided by a registered nurse or licensed practical nurse. For more information on support that can be provided without a nurse, please refer to the Pennsylvania Department of Health’s guidance regarding non-skilled services/activities that can be performed by direct care workers at <https://www.health.pa.gov/topics/Documents/Facilities%20and%20Licensing/HCAGuidance.pdf>

Providers must follow all guidance on service delivery previously issued by ODP for the delivery of Shift Nursing in the Consolidated, Community Living, or P/FDS waivers.

<i>Waiver Service</i>	<i>Unit</i>	<i>Rate</i>	<i>Staffing</i>	<i>Procedure Code</i>	<i>Modifier</i>
Shift Nursing - RN	15 min	\$15.78	1:1	T2025	TD
Shift Nursing - RN		\$8.06	1:2	T2025	TD, UN
Shift Nursing - LPN		\$11.41	1:1	T2025	TE
Shift Nursing - LPN		\$5.88	1:2	T2025	TE, UN



DOCUMENTATION REQUIREMENTS:

- An evaluation indicating the need for nursing services, specifying the need for services by a licensed registered nurse (RN) or a licensed practical nurse (LPN).
 - Documentation, including the most recent nursing care plan, from the nursing service provider to confirm that nursing care continues to be appropriate.
 - An emergency action and transportation plan consistent with the participant's condition.
 - Documentation that the nursing service is not covered by the participant's insurance.
 - **Participants whose *only* form of insurance is Medical Assistance:** Adults are not entitled to private duty nursing/shift nursing through the Medical Assistance program's fee-for-service or managed care delivery systems. The Medical Assistance Program's Adult Benefit Package Chart indicates that home health care is the only service available in the individual's home with a nursing and/or therapy component. This chart is available at the end of OMAP Bulletin 99-15-05 which can be accessed at https://www.dhs.pa.gov/docs/Publications/Documents/FORMS AND PUBS OMAP/c_172249.pdf. This chart should be printed and kept in each participant's file as documentation that private duty nursing/shift nursing is not available.
 - **Participants who have private insurance (in addition to Medical Assistance):** The SC and/or individual or family member should contact the private insurance to determine if this service is covered. The SC must document in a service note the name of the insurance carrier, the name of the person spoken to, and confirmation of one of the following:
 - The nursing service is not covered by the participant's insurance;
 - Nursing services have been denied by the insurance carrier; or
 - Insurance limitations for nursing services have been reached.
- Lack of coverage for services and denials in writing must be requested from the insurance carrier, but the service can be added to the ISP and authorized with the verbal confirmation alone. When insurance carriers decline to provide written documentation, ODP will also accept one of the following (in addition to the verbal confirmation):
- A copy of the policy or some other written statement documenting that the service, item, or amount requested exceeds the allowable service limit or that the service is not covered.

- o Written confirmation of information received verbally from an insurance carrier that is sent to the insurance carrier, identifies the item or service in question, and requests that the insurance carrier advise the writer of any inaccuracy.

Waiver Reference: Appendix C-1/C-3

NEW SERVICE: Specialized Supplies – Service Definition and/or Limits

In the second Appendix K, Specialized Supplies was added as a service in the Adult Autism Waiver while Appendix K is in effect.

Service Definition:

Specialized Supplies consist of supplies that are not covered through the MA State Plan, Medicare, or private insurance. Supplies are limited to the following items for participants: personal protective equipment (gloves, respirators, surgical masks, gowns, goggles, alcohol-based hand rub, etc.), cloth masks, face shields, Pulseox monitors, and thermometers. Specialized Supplies may only be funded for participants if documentation is secured by the Supports Coordinator that shows the supplies are medically necessary and either not covered by the participant's insurance or insurance limitations have been reached. A participant's insurance includes Medical Assistance (MA), Medicare, and/or private insurance. Participants authorized to receive Specialized Supplies may not be authorized to receive Residential Habilitation, including Life Sharing.

During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The total amount of Specialized Supplies purchased cannot exceed \$1500 per participant's service plan year.

Provider Specifications:

Specialized Supplies can be provided by a supplier agency.

Provider Qualifications:

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (A company that the provider secures the item(s) from can be located anywhere.)
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.

4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Comply with Department standards related to provider qualifications.

Operational Guidance

Specialized Supplies include the following:

- PPE:
 - Gloves
 - Respirators
 - Respirators should be requested for the support of a participant who tested positive for COVID-19 or whose health care practitioner directed use of a respirator.
 - Surgical masks
 - Gowns
 - Goggles
 - Alcohol-based hand sanitizer
- Supplies to mitigate the spread of COVID-19:
 - Cloth masks or clear masks
 - Face shields
 - Pulse oximeters
 - Thermometers, any type that meets the needs of the participant.
 - No more than one thermometer should be requested per participant.
 - If an ear or oral thermometer that requires probe covers is requested, the probe covers are covered through Specialized Supplies.

Guidance in ODP Announcement [20-098](#) should be followed when discussing the need for Specialized Supplies, how Specialized Supplies can be purchased, documentation requirements, and what can be authorized in the ISP. Denial by the participant's medical insurer(s) is not required to purchase PPE and supplies to mitigate the spread of COVID-19.

If a participant is in need of PPE and/or supplies to mitigate the spread of COVID-19, the SC should contact the provider to request the supplies the participant needs. To submit a request for PPE and/or supplies, SCs must do the following:

- Request the provider to submit an itemized budget for the requested supplies, which should include shipping costs. NOTE: participants and families cannot purchase supplies and ask for reimbursement;
- After ensuring the financial limitation of the service is not exceeded, submit the itemized budget to the appropriate Bureau of Supports for Autism and Special Populations (BSASP) Regional Office Representative for approval;
- Once approved, submit a Critical Revision for Specialized Supplies services, using the funding amount approved by BSASP; and,
- Document in a service note what supplies were requested and the amount of the approved funds.

<i>Waiver Service</i>	<i>Unit</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Specialized Supplies	Item	55	553	W609

To enroll in the AAW, providers should contact the AAW Provider Enrollment Mailbox at rapwbasprounroll@pa.gov to be provided with instruction on an expedited enrollment process.

Transportation Trip

Operational Guidance



General Guidance for the Provision of Transportation Trip Services During the COVID-19 Pandemic: Transportation services may be provided to access the community as allowed by order from Governor’s Wolf, the Department of Health or the Department of Human Services including the Office of Developmental Programs, and consistent with the plan established by using the [ODP Individual Transition Guide](#). Providers and ISP teams should use the guidance in the Individual Transition Guide to make determinations about the number of people transported on a case-by-case basis. Some factors to consider include:

- The size of the vehicle and ability to separate passengers in the vehicle.
- Whether all the passengers live together or have been grouped for regular daily contact with one another.

- Each passenger's tolerance for wearing a mask while in the vehicle.
- The health and behavioral support needs of each person transported and how they interact with others in the vehicle.

All surfaces of the vehicle must be cleaned using a disinfectant after each use.

Waiver Services Delivered During Hospitalization

Second Appendix K Requirements:

1. Payment will only be made on or after July 1, 2020, when a participant who is enrolled in a waiver receives waiver services while hospitalized for a diagnosis other than COVID-19.

Waiver services while a participant is hospitalized for any diagnosis (including COVID-19) must:

- Be included in the ISP;
- Be provided to meet the needs of the participant that are not met through the provision of hospital services;
- Be designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the participant's functional abilities;
- Not be a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement. Services can assist participants with communication, intensive personal care, and/or behavioral support as enumerated in the behavior support plan.

The following waiver services may be provided when a participant is hospitalized:

- Temporary Supplemental Services
- Specialized Skill Development
- Supports Coordination. This includes locating, coordinating, and monitoring needed services and supports when a participant is hospitalized.

The rate billed for services rendered in a hospital are the same as the rates billed when services are rendered in any other allowable community setting.

Operational Guidance

1. ODP Communication [20-098](#) provides additional guidance regarding the provision of waiver services when a participant is hospitalized. A hospital is a health care institution that provides medical care and other related services for surgery. Hospital settings do not include psychiatric hospitals, nursing facilities, or rehabilitation facilities.

Waiver Services Must Be Included in the ISP

When a participant is hospitalized, the ISP needs to be updated to include any additional needed services, if applicable, and document which services are being provided in the hospital. To expedite service provision, the Bureau of Supports for Autism and Special Populations may provide verbal or email authorization for any needed changes to the ISP for waiver service provision prior to officially authorizing the ISP in HCSIS.

ISP teams should discuss what types of support a participant would need in the event that he or she is hospitalized. LifeCourse tools can be used to facilitate these discussions.

Waiver Services Must Not Be A Substitute for Services that the Hospital is Obligated to Provide

It is imperative that the provider and/or the direct support professional talk with hospital staff about the services they will render while the participant is hospitalized to ensure that they will not interfere with medical recommendations and treatment.

Hospitals are obligated to provide interpreter services for participants. Waiver services can be used to support a participant whose communication needs go beyond interpreter services due to the participant's diagnosis or disability. Some examples include:

- Participants who understand verbal communication but have difficulty expressing themselves verbally or through sign language.
- Participants who use gestures and facial expressions to communicate.
- Participants who use print and symbol systems.

Hospitals are obligated to provide restorative nursing care which includes maintaining good body alignment, proper positioning, keeping patients active, helping patients stay out of bed, and developing independence in activities of daily living. Waiver services can be used for intensive personal care such as:

- Assisting the participant to eat, drink, toilet, and brush their teeth or hair. This includes communicating with hospital staff about food preferences and ensuring that food is presented in the way preferred by the participant.
- Communicating with hospital staff about how the participant prefers to have medications administered and if these preferences can be accommodated by hospital staff.
- Assisting the participant with activities that the participant finds soothing or enjoyable such as reading, listening to music or audio books, talking or video chatting with family and friends, playing games on portable electronic devices, or watching movies or television.
- Monitoring the participant to ensure the participant follows medical orders and treatment instructions. For example, ensuring the participant does not get out of bed alone when the participant is at increased risk of a fall or injury.

Waiver Reference: Appendix C-1/C-3

Provider Qualifications

First Appendix K Requirements:

1. To allow redeployment of direct support and clinical staff to needed service settings during the emergency, staff qualified under any service definition in the Adult Autism Waiver may be used for provision of any non-professional service under another service definition in C-1/C-3. 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.

All staff must receive training on any participant's ISPs for whom they are providing support. Training on the ISP must consist of basic health and safety support needs for that participant including but not limited to the fatal four. In addition, if the participant has a Behavioral Support Plan and Crisis Intervention Plan, staff must be trained on the implementation of those plans.

Second Appendix K Requirements:

2. The FBI fingerprinting check for employers hiring staff is suspended. A provisional hiring template will be accepted if an FBI clearance is unable to be obtained. This provisional hiring process can only be used when service locations where FBI clearances are completed are closed in the provider's area due to the COVID-19 pandemic. FBI clearances must be completed when service locations are open.

Operational Guidance

1. Guidance about staff qualification can be found in ODP announcement [20-032](#). Since release of this announcement, Career Planning, Supported Employment, and Small Group Employment have been added to the list of services exempt from this flexibility as they require specialized certification or training.

For newly enrolled providers or new staff hired for any service during this time, the SPeCTRUM 2.0 training course can be completed within 30 days after the first date of service delivery.



DOCUMENTATION REQUIREMENT: Providers must document all training completed by staff, contractors or consultants. ODP encourages providers to collaborate with one another to ensure that participants receive the services needed. Providers should supply staff in their employ with a letter that includes:

- The provider's IRS name
- The provider's Master Provider Index number
- The provider's contact information
- The staff person's name
- The staff person's date of birth, and
- A list of waiver services that the staff person is currently qualified to render, or a statement that the person is "qualified to render any waiver service except those that require specific training, education, certification, or professional licensure."

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 may contact the ODP Provider Qualification mailbox at ra-odpproviderqual@pa.gov to verify that the provider who supplied the letter is enrolled and in good standing with ODP.

2. Guidance about FBI fingerprint checks can be found in ODP announcement [20-034](#).

ICD-10 codes discussed in Section V are not required for these changes.

Waiver Reference: Appendix C-2

Payment to Family Members

1. 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.

Operational Guidance



DOCUMENTATION REQUIREMENT: When services are rendered by family members, the provider agency authorized to render the service is responsible for ensuring that services are provided as authorized in the ISP and that billing, as well as claim and service documentation, occurs in accordance with ODP requirements.

Waiver Reference: Appendix D

Participant-Centered Planning and Service Delivery

First Appendix K Requirements:

1. Given the rapid response that will be necessary to ensure participant health and welfare and to avoid delays while waiting for approval and authorization of individual plan changes in HCSIS, documentation of verbal approval or email approval of changes and additions to individual plans will suffice as authorization. Upon validation that a verbal or email approval was provided for requested changes, ODP may backdate authorizations in HCSIS for waiver services provided during the period of time specified in Appendix K.

Second Appendix K Requirements:

2. During the emergency period, for annual ISP purposes, the Supports Coordinator must use the weekly check-in calls with participants, individual transition planning meetings, or annual team meetings to ensure that needed services and willing and qualified providers of the participant's choice are included in the ISP and kept current with changes in need. If requested and/or necessary, modifications to the ISP may be made, as driven by individualized participant need, circumstance, and consent, and reviewed on an individualized basis without the input of the entire service planning team.
3. Consent with the ISP will be verified by electronic signatures, or electronic verification via secure email consent from the participant, his or her designee if applicable, and service providers, in accordance with HIPAA requirements. Services may start once they are authorized by the Bureau of Supports for Autism and Special Populations while waiting for signatures to be returned to the Supports Coordinator, whether electronically or by mail. Signatures will include a date reflecting the ISP meeting date.

Operational Guidance

1. NOTIFICATION REQUIREMENT



Providers are responsible for notifying the Supports Coordinator as soon as they become aware of any changes needed to a participant's ISP. They must tell the Supports Coordinator the date that changes need to be implemented, which can be no earlier than March 11, 2020 or a later effective date as specified in this guide.



DOCUMENTATION REQUIREMENT: While email approval is preferred, when this is not possible, Supports Coordinators must document verbal conversations with the Regional Office Representative of ODP's Bureau of Support for Autism and Special Populations where approval is given. Documentation must include the date and name of the person with whom the verbal conversation occurred in addition to all relevant information about the participant and provider for whom the approval applies.

Depending on the nature of the service that is or will be rendered, providers may be required to use ICD-10 codes discussed in Section V as enumerated throughout this operational guide. Supports Coordinators do not need to use ICD-10 codes discussed in Section V for the changes in Appendix D.

2. When changes need to be made to services in the ISP to meet a participant's immediate need, all parties that are impacted must be part of the discussion and decisions. This includes the participant, and anyone designated by the participant, as well as provider(s) that will be impacted.
3. Supports Coordinators are responsible for obtaining consent for the content of the ISP. This consent must be obtained from the participant and all providers responsible for implementation of the ISP and any other members who attend the ISP meeting. Consent may be documented by electronic signature or electronic verification via secure email. This flexibility was approved by CMS in Appendix K.

Another option is verbal consent. This flexibility was approved by CMS but is not listed in Appendix K because it was approved through an 1135 waiver instead of Appendix K.

For initial ISPs and Annual Review Plans (ARPs), Supports Coordinators must use the ISP Signature Page to document consent (in whatever form) with the content of the ISP.

For Critical Revisions, verbal consent may be documented in a Service Note. Written consent from the participant and written acknowledgement from the provider for Critical Revisions are not required at this time, **as long as verbal consent was obtained.**

Waiver Reference: Appendix G

Participant Safeguards – Incident Management

First Appendix K Requirements:

1. Suspension of requirements for allowing visitors to prevent the spread of COVID-19 is allowed and is not considered a rights violation. The modification of this right is not required to be justified in the ISP.
2. Suspension of requirements for right to choose who to share a bedroom with. The modification of this right is not required to be justified in the individual plan.

Second Appendix K Requirements:

3. Allow unlicensed staff who will administer medications to successfully complete the Modified Medication Administration course and receive training from the provider on the use of the provider's medication record for documenting the administration of medication. This will be done in lieu of the current requirement that staff must successfully complete the standard DHS Medication Administration Program (MAP).

Operational Guidance

1. When the Department provides guidance about circumstances when visitation should be limited to prevent the spread of COVID-19, limiting visitors is not considered a violation of the participant's rights. When providers place limitations on visitation above and beyond Department guidance, this may be considered a violation of the participant's rights. Providers should consult with ODP's Bureau of Supports for Autism and Special Populations when considering implementation of limitations above and beyond the Department's guidance.
2. For Residential Habilitation, including Life Sharing, each participant's right to choose with whom they share a bedroom is suspended. Providers are still encouraged to help participants exercise rights to the fullest extent possible. Providers are responsible for talking with each participant 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. Suspension of this right for purposes related to COVID-19 does not need to be entered as a rights violation in Enterprise Incident Management (EIM).
3. In accordance with ODP Announcement [20-102](#), providers may elect to use the Modified Medication Administration course in lieu of the standard course until **December 31, 2020**. Any staff person who took the modified course in lieu of the standard course between the period April 1, 2020 to December 31, 2020 must complete the standard course within one year of completion of the modified course. For example, a staff person who took the modified course on August 15, 2020 must complete the standard course by August 15, 2021. Additional guidance can be found [here](#).



General Guidance for Incident Management When Staff Do Not Wear A Face Covering During the Provision of Services:

In accordance with ODP Announcement [20-087](#) failure of staff to wear a face covering during service provision is not subject to ODP's Incident Management requirements at this time, and failure of staff to wear a face covering during service provision does not need to be reported as an incident in the Enterprise Incident Management (EIM) system unless otherwise directed by ODP.

ODP intends to respond to inquiries and situations regarding face coverings on a case-by-case basis. Education and technical assistance will be the primary means to ensure that face coverings are worn during service provision. Substantial or ongoing failure to ensure that staff wear a face covering during service provision may result in an administrative action or sanction by ODP.

Waiver Reference: Appendix I

Rates, Billing and Claims and Supplemental or Enhanced Payments

First Appendix K Requirements:

1. The following rates may be increased to account for excess overtime of direct support professionals to cover staffing needs and to account for additional infection control supplies and service costs: Residential Habilitation, including life sharing, the Community Support component of Specialized Skill Development, Day Habilitation, Respite, and Shift Nursing.

Second Appendix K Requirements:

2. Retainer payments may be provided for Day Habilitation, which includes personal care as a component of the service.
 - a) Retainer payments may be provided in circumstances in which facility closures or operation at diminished capacity are necessary due to COVID-19 containment efforts.
 - b) Retainer payments may be provided in circumstances in which attendance and utilization for the service location drop to below 75% of annual monthly average 7/1/19 to 2/28/2020.
 - c) Retainer payments will not exceed 75% of monthly average of total billing under the 1915(c) waivers.

Up to three consecutive episodes of up to 30 days per beneficiary maybe made. These episodes may begin the day after the previous episode ended.

To be eligible for retainer payments under 1915(c), providers must sign an attestation acknowledging the following:

- That retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred (or in periods of disaster, duplicate uses of available funding streams), as identified in a state or federal audit or any other authorized third-party review.
- The provider will not lay off staff and will maintain wages at existing levels.

- The provider has not received funding from any other sources, including but not limited to Small Business Administration loans, that would exceed their revenue for the last full quarter prior to the public health emergency (PHE), or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the PHE.

If a provider had not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess would be recouped.

If a provider had already received revenues in excess of the pre-PHE level, retainer payments are not available.

Through expense reporting and billing procedures, ODP will ensure that there will be no duplicative payments. Day Habilitation services rendered during the time period the retainer is provided will be deducted from any calculations for retainer payments.

Operational Guidance

1. ODP announcement [20-070](#) outlines how payments were made for services through the Federal Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act.
2. ODP announcements [20-070](#) and [20-074](#) provide information on retainer payments for Day Habilitation made through the CARES Act from March through June 2020. ODP announcements [20-085](#) and [20-095](#) outline requirements for Day Habilitation retainer payments made through waiver funding starting in July 2020.

Waiver Reference: Other

Quality Assurance and Improvement (QA&I) Process

Second Appendix K Requirements:

1. An interim QA&I process for FY 20/21 will be implemented based on a random sample of waiver participants. The interim process will include a desk review to collect CMS performance measure data, telephone/remote individual interviews to ensure health and safety, and COVID-19 specific questions. ODP plans to implement the full QA&I process beginning July 1, 2021.

Operational Guidance

1. ODP announcement [20-094](#) provides additional guidance regarding the interim QA&I process that will be implemented for FY 20/21.