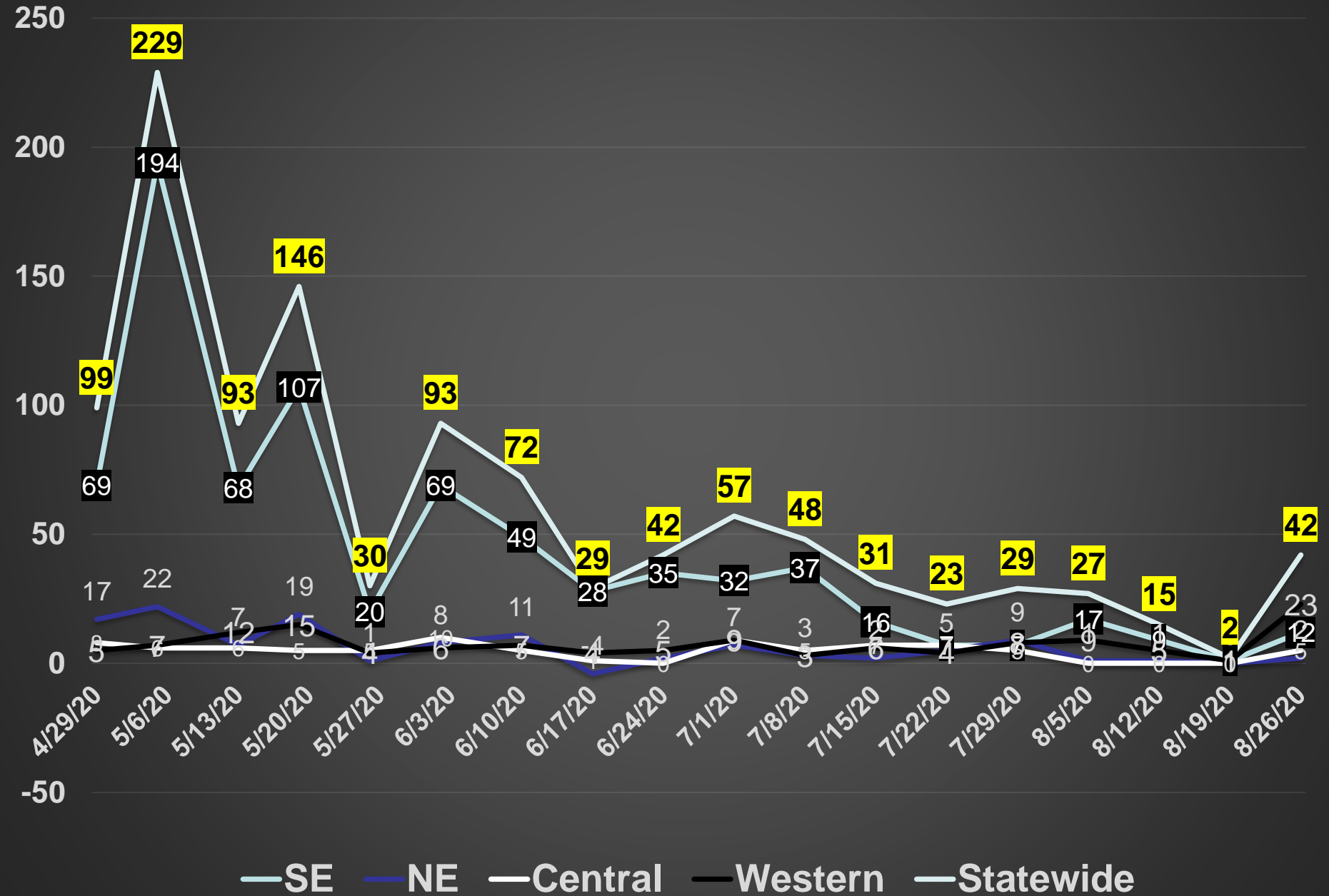


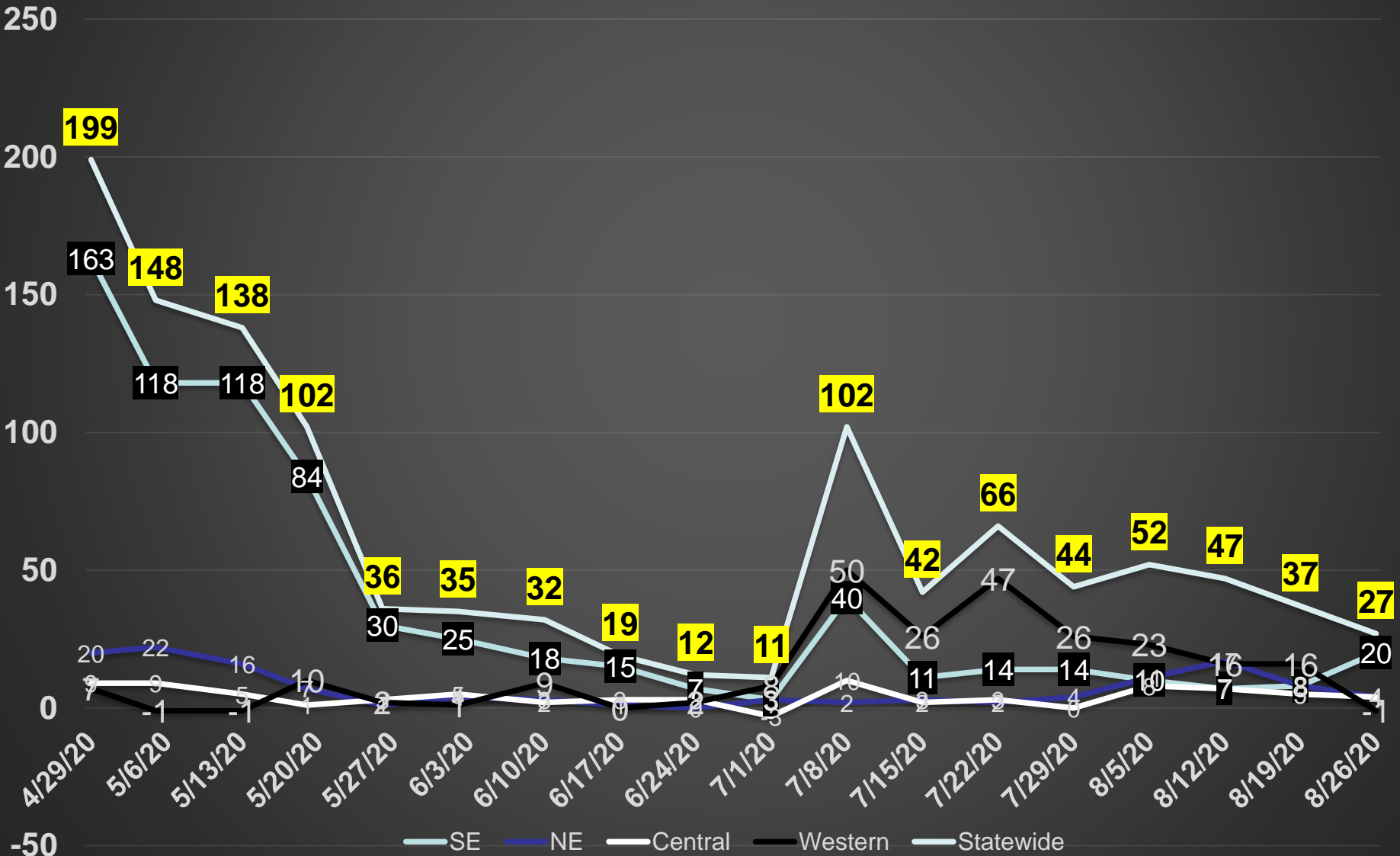
ODP COVID-19 and Appendix K Updates

Friday, August 28, 2020

Confirmed Individual COVID-19 Cases



Confirmed Staff COVID-19 Cases



ODP Appendix K Overview



- CMS Approval dates:
 - 1st Appendix K - March 18, 2020
 - 2nd Appendix K - July 23, 2020
 - **3rd Appendix K - August 20, 2020**
- Appendix K submissions and approvals are cumulative
- ODP's Appendix K ends on March 10, 2021
- ODP is updating the App K Operational Guide

ODP Appendix K Update



Temporarily expand setting(s) where services may be provided:

- Residential Habilitation
- Community Participation Supports
 - Settings
 - Remote Support in Residential

ODP Appendix K Update



Residential Habilitation

- Allow Residential Habilitation 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 individual(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.

ODP Appendix K Update



Community Participation Support

- Allow direct Community Participation Support 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 is provided.

ODP Appendix K Update



Community Participation Support - Remote in Residential Habilitation

- Allow remote Community Participation Support to be provided for individuals receiving Residential Habilitation when all of the following conditions are met:
 - The participant chooses to receive remote Community Participation Support. The service cannot be provided solely for the convenience of the Residential Habilitation provider;
 - ISP team discussion 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;

ODP Appendix K Update



Community Participation Support - Remote in Residential Habilitation (cont.)

- The remote service includes a component of skill building for use of technology so that, in the long term, individuals 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 Community Participation Support facility or friends met through the Community Participation Support service. When supporting personal relationships, the remote service must be part of a larger plan for participants to connect in community settings.
- When remote Community Participation Support meet these criteria, a maximum of 10 hours per week of remote support may be authorized/billed on the ISP

ODP Appendix K Update



Temporarily modify provider qualifications:

- Allow Supports Coordination Organizations to be Organized Health Care Delivery Systems(OHCDS)

ODP Appendix K Update



SCO to be Organized Health Care Delivery Systems (OHCDS)

- Allow Supports Coordination Organizations to be Organized Health Care Delivery Systems(OHCDS) for any vendor service authorized in the participant's ISP.
 - A participant's Supports Coordination Organization may not own or operate providers of vendor services with which it is acting as an OHCDS.
 - When a Supports Coordination Organization chooses to be an Organized Health Care Delivery System, the Supports Coordination Organization must enroll and qualify as an OHCDS and comply with all requirements regarding OHCDS in appendix I-3 -g -ii of the current approved waivers.

ODP Appendix K Update



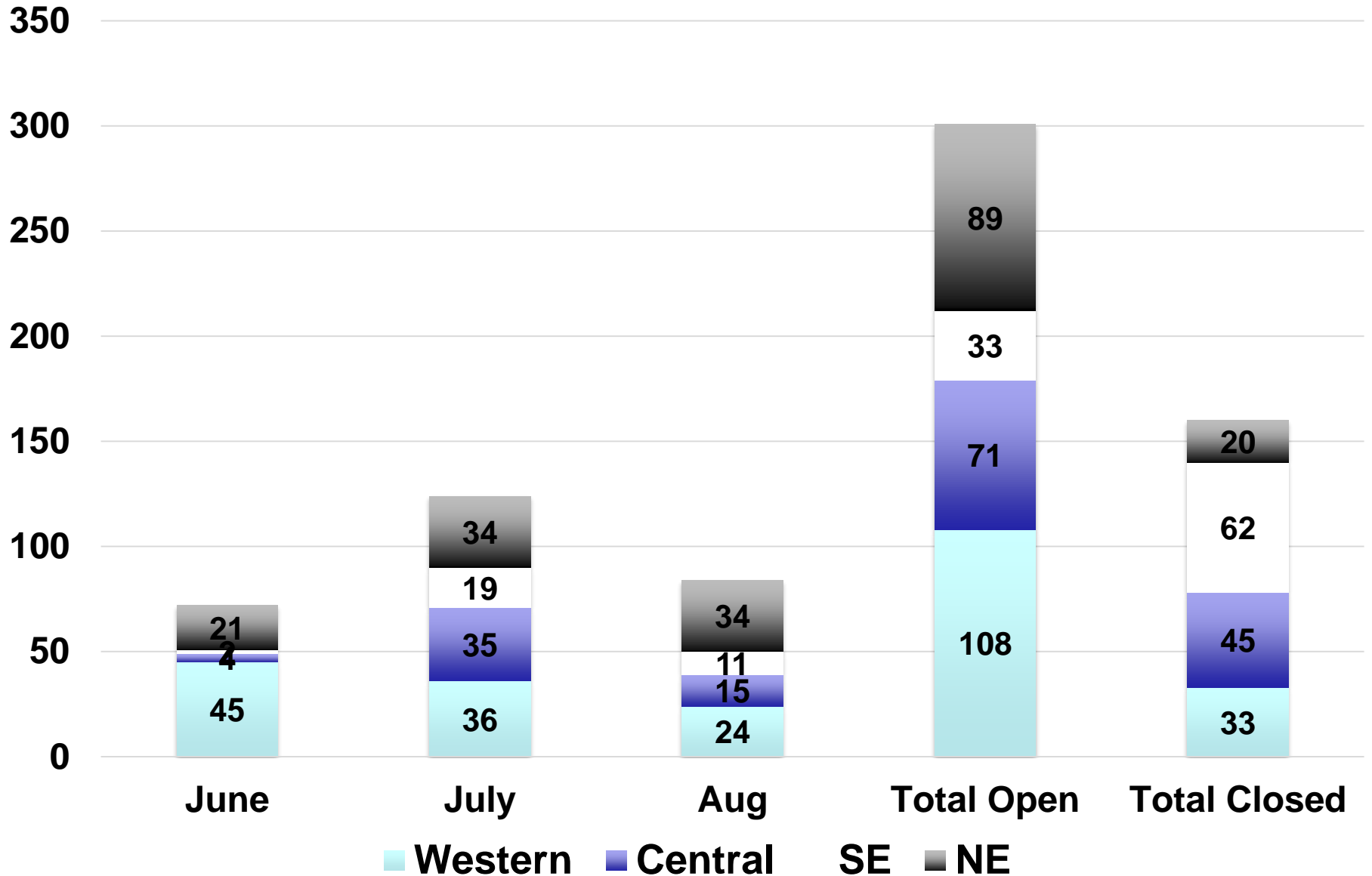
SCO to be Organized Health Care Delivery Systems (OHCDS)

How can this support individuals during the PHE?

- Specialized Supplies
- Assistive Technology

CPS Policy Changes

CPS Facility Openings by Date



Objective of CPS During Pandemic

During the pandemic, CPS is also intended to result in activities to specifically address:

- Wellness needs, both physical and mental, related to the pandemic
- Skill building related to learning new infection control protocols (mask use, handwashing, social distancing)
- Skill-building related to connecting with friends and relatives remotely with a goal of individuals being able to use technology independently or with little support post-pandemic
- Potential skill loss as a result of the pandemic
- Combatting isolation experienced as a result of the pandemic by supporting individuals to visit and engage with friends and family

CPS providers must re-tool to address the needs of individuals and families throughout the remainder of the pandemic.

Additional Allowable CPS Activities

- Developing and providing current and relevant pandemic related program materials and education to participants and family.
- Screening of individuals prior to service provision
- Developing skills to use remote technology to participate in instruction or social activities

Expansion of Billable Planning and Coordination in CPS

- Planning and coordinating a participant's daily/weekly schedule for Community Participation Support. Support provided may include development of a comprehensive analysis of the participant in relation to following:
 - Strongest interests and personal preferences.
 - **Personal relationships that the individual needs support engaging in during the pandemic**
 - Skills, strengths, and other contributions likely to be valuable to employers or the community.
 - Conditions necessary for successful community inclusion and/or competitive integrated employment.
- **Planning and coordination specific to COVID-19 related wellness and skill building activities.**
- **Providing education to and developing cooperative plans with families to support individuals to build skills necessary to safely engage in community activities during the pandemic and maintain protocols to participate in social bubbles/cohorts.**
- **Developing and scheduling of cohorts of individuals and staff for activities while minimizing risk of exposure to the novel coronavirus.**

Planning and Coordination (cont.)

Planning and coordination activities are limited to 1040 units (260 hours) per participant per fiscal 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 (including 1:1 but excluding 2:1).

Expansion of Settings

- Remote allowable in residential – recent approval in Appendix K (retroactive to July 1, 2020)
- Direct in-person services can be rendered in provider owned and leased settings, excluding personal care homes and licensed residential - recent approval in Appendix K

Clarification on Transportation

Community Participation Support can be billed when the provider transports participants who live in private homes (excluding Life Sharing homes) in the following circumstances:

- Participants need transportation to and from the participant's private home to participate in a community activity supported by the Community Participation Support provider.
- Participants need transportation to and from the participant's private home to participate in activities at the licensed facility and no transportation options are available that adequately mitigate risk for exposure to COVID-19 and the Community Participation Support provider has the capacity to safely provide the transportation.

HCBS Settings Rule Related Requirement Changes During Pandemic

- The requirement to provide services in community locations a minimum of 25% of participant time in service is suspended.
- Up to 6 people may be supported in community locations when this flexibility is used as part of a cohorting strategy

Reminder – Regular Billing Rules for Residential Apply During the Emergency

Billing for Residential when CPS services are also provided should be done in accordance with the current ISP manual. Any necessary critical revisions to ISP to reflect changes should be made.

“Without Day”: “Licensed Residential Habilitation Without Day” (Modifier HI) is any day in which one of the following occurs:

- A participant solely receives services that are part of the Residential Habilitation service; or
- A participant receives fewer than 5 hours of services and/or unpaid supports that are not included in the Residential Habilitation service.

“With Day”: “Licensed Residential Habilitation With Day” is any day in which a participant receives five (5) or more hours of services and/or unpaid supports that are not included in the Residential Habilitation service. When the participant is independent in the home or community for five or more hours in a day and does not receive direct services from the Residential Habilitation provider during that time, this would also be considered “Licensed Residential Habilitation”

Questions