Emergency Preparedness and Response Operational Guide for the Intellectual Disability/Autism (ID/A) Waivers

Version 2.0[1]

Released: 10/16/2020

[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. ODP subsequently submitted revisions to the Appendix K as follows:

- 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; and/or
- Deficits in adaptive functioning that inhibit ability to follow infection control procedures.
- 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 the 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, Administrative Entities, Supports Coordination Organizations, and Providers (including services rendered under one

of the participant-directed services models) 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, including services rendered under one of the participant-directed services models, under the three 1915(c) waivers operated by ODP (Person/Family Directed Support, Community Living and Consolidated Waivers). Due to differences in the waivers, a separate operational guide has been developed for the Adult Autism Waiver. 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, Community Participation Support service locations, etc.). Requirements in the current approved waivers 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 starting 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 the claim.)**
    - A critical revision to the ISP is required to add needed Supplemental Habilitation and/or Shift Nursing.
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.)**
    - Services that are provided remotely or via telephone.
    - Residential Habilitation services rendered beyond the home's approved program capacity.
    - More than 14 hours per day of In-Home and Community Support, Companion, and/or Community Participation Support is provided to meet the needs of participants without a previously approved variance.
    - More than 40 hours per week of In-Home and Community Support and/or Companion is rendered by a relative or legal guardian. More than 60 hours per week of In-Home and Community Support and/or Companion is rendered by multiple relatives or legal guardians.
    - Respite is rendered in a location that is not enrolled and qualified to render the Respite service (examples: private Intermediate Care Facilities for Individuals with Intellectual Disabilities [ICFs/ID] or a residential location).

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 (SC) to discuss any need for retroactive authorizations. Administrative Entities (AEs) are available for technical assistance when major changes are discussed or if there are concerns about requests.

Supports Coordination Organizations (SCOs) are not required to use these ICD-10 codes.

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

1. Medical records. Example: Individual #1 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 ratios. Example: Provider A's provider-employed 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 ratios. 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 Person/Family Directed Support, Community Living and Consolidated Waivers

<u>Guidance for Determining Whether Appendix K Applies</u>

Service changes contained in Appendix K of the ID/A waivers 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 Community Participation Support 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 Companion or In-Home and Community Support since they cannot go to their place of employment?

c. Was the participant's caregiver or a person who the participant lives with 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 your regional ODP office.

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 of changes and additions to individual plans will suffice as authorization. More information can be found under the operational guidance for Appendix D.

Waiver Reference: Appendix B-6-f

Process for Level of Care

First Appendix K Requirements:

1. When ICF/ID or Intermediate Care Facility for Other Related Conditions (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 PERMISSABLE.
2. Level of care recertification can be extended from 365 days of the initial evaluation and subsequent anniversary dates to 18 months from initial evaluations.

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. 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 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 reevaluation.
2. Administrative Entities are also being given an additional six months to complete level of care redeterminations for continued waiver eligibility.

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

Waiver Reference: Appendix C-1/C-3

Community Participation Support – Service Definitions and/or Limits

First Appendix K Requirements:

1. A variance is not required to be completed when a participant requires more than 14 hours per day of In-Home and Community Support, Companion, and/or Community Participation Support in order to meet the needs of participants. (Variances for this purpose are not a requirement in the Community Living and P/FDS waivers). THIS IS NO LONGER PERMISSIBLE.
2. The requirement to provide services in community locations a minimum of 25% of participant time in service is suspended.
3. 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.
4. Community Participation Support may be provided in private homes.
5. Minimum staffing ratios as required by licensure, service definition, and ISP may be exceeded due to staffing shortages. THIS IS NO LONGER PERMISSIBLE.
6. The requirement that no more than 3 people can be supported at a time in a community location is suspended.

Second Appendix K Requirements:

7. Community Participation Support 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:

8. Allow direct in-person 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.
9. Allow remote Community Participation Support to be provided for participants 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;
    - The 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 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, 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 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.

Operational Guidance:

1. Per ODP Announcement 20-072, within 45 days of the county where a participant resides moving to the green phase of the Governor's plan to reopen Pennsylvania, a variance must be completed if a participant needs more than 14 hours a day of Community Participation Support, In-Home and Community Support and/or Companion services. Some examples of effective dates are as follows:

    - If a county moved to the green phase on June 12th, a variance must be completed by July 27th.
    - If a county moved to the green phase on June 26th, a variance must be completed by August 10.

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

    During the pandemic, Community Participation Support 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 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 participant's plan (including 1:1 but excluding 2:1). For participants who solely have authorizations for Community Participation Support community procedure codes (their ISPs contain no authorizations for Community Participation Support facility procedure codes), planning and coordination activities can be billed using the community 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).

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

- A participant needs transportation to and from the participant's private home to participate in a community activity supported by the Community Participation Support provider.
- A participant needs 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 ability to safely provide the transportation.

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.
- Each person's health and behavioral support needs while being transported and how they interact with others in the vehicle.

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

2. 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.

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

   If the Community Participation Support 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 Community Participation Support 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.

4. ODP encourages Community Participation Support providers to continue to support participants in their homes and community locations in accordance with the participant's preferences and services identified by the participant and ISP team using the Individual Transition Guide (ITG).

   Community Participation Support 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. This includes homes where Supported Living is provided.
   - Licensed and unlicensed Life Sharing homes.

   Community Participation Support provided in a private home can be billed using community procedure codes that reflect the accurate staff to individual ratio. If in-person or remote services are provided by 1 staff to more than 3 individuals, facility procedure codes must be utilized.

NOTIFICATION REQUIREMENT FOR 2 THROUGH 4:

The provider must notify each participant's SC if the provider implements any of the requirements listed above and a change to currently authorized staffing ratios or the addition of units of community procedure codes is needed. The provider must inform the SC when these services will start or began due to an emergency, which cannot be prior to March 11, 2020.

5. Effective November 1, 2020, providers must comply with minimum staffing ratios as required by licensure, service definition, and ISP.

6. Up to 6 people may be supported in a community location if needed to allow the same staff person to support the same participants in a group (referred to as a cohort) each day. This guidance is different than guidance provided in ODP Announcement 20-072. ISP changes may not be required to support more than 3 people in a community location when changes in staff ratios are not requested. For example, if 1:3 community procedure codes are already authorized on participants' ISPs, and two groups of 3

participants go to a community location together with two staff (1 staff for each group of 3 participants), a change to the ISP is not needed. When rendering group services to participants in the community, providers must encourage individuals to wear cloth or surgical masks when within six feet of others, practice social distancing, and continue hand washing practices when practicable or use hand sanitizer.

7. Community Participation 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 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 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.
   - 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 individual ratio for individuals receiving services remotely. Examples: A direct support professional remotely supporting a group of 3 individuals would bill W9351 "CPS Community 1:2 to 1:3". A direct support professional remotely supporting a group of 5 individuals would bill W7226 "CPS Facility 1:4 to 1:6".

8. Effective July 1, 2020, direct, in-person Community Participation Support 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 is provided. If Community Participation Support services are provided to 4 or more people in a location that is owned, rented, or leased and operated by the provider, licensure may be required. Licensure may also be required if the Community Participation Support service includes providing rehabilitative, habilitative, or handicapped employment or employment training to 1 or more people in a setting that is owned, rented, or leased and 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.

. Effective July 1, 2020, a participant receiving Residential Habilitation can receive Community Participation Support services remotely for a maximum of 10 hours per week

when all criteria for remote service delivery outlined above are met. In-person Community Participation Support may not be billed when provided in Residential Habilitation homes. When Community Participation Support is provided remotely, a provider can render both Community Participation Support and Residential Habilitation to a participant. Procedure codes and billing for remote Community Participation Support must reflect the accurate individual to staff ratio for the number of individuals receiving remote services by a Community Participation Support staff person.

NOTIFICATION REQUIREMENT FOR 5 THROUGH 9:

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 or the addition of units of community procedure codes 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 for the Provision of Community Participation Support 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". The Facility Based Community Participation Supports Readiness Tool for COVID-19 should be completed with the AE that is the lead for the service location.

ODP Announcement 20-101 should be followed regarding temporary closures of facilities where Community Participation Support 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.

Residential Habilitation, Life Sharing, and Supported Living – Service Definitions and/or Limits *(Does not apply to the P/FDS Waiver)*

First Appendix K Requirements:

1. Service definition limitations on the number of people served in each licensed or unlicensed home may be exceeded.
2. 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.

3. 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.

4. 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.

5. Shift nursing may be provided as a discrete service during the provision of residential habilitation, life sharing, and supported living services to ensure participant health and safety needs can be met.

6. Supplemental Habilitation can be provided, without requesting a variance, during the provision of licensed residential habilitation, licensed life sharing, and supported living services to address the increased needs of individuals affected by the epidemic/pandemic or increased number of individuals served in a service location. Supplemental habilitation may be used to supplement staffing in the residential home itself or support a participant while the participant stays in the home of friends, staff, or family.

7. Residential Habilitation, Supported Living, or Supplemental 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 the following services in a hospital setting when the participant requires these services for communication, behavioral stabilization, and/or intensive personal care needs:

    a) Residential Habilitation

    b) Life Sharing

    c) Supported Living

    d) Supplemental Habilitation

    Any one of these services 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 37 must be followed when services are rendered while a participant is hospitalized.

Second Appendix K Requirements:

10. Residential Habilitation 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 can be provided in the 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 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 Pennsylvania 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 & 2: For Residential Habilitation, 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. For Supported Living, the number of people receiving Supported Living may not exceed 3 people.

Effective November 1, 2020 providers must resume completion of requests for Approved Program Capacity (APC) that reflect the number of individuals currently served in the home which must be within the limits outlined in the previous paragraph. Providers that did not submit an APC request formally at the beginning of the COVID-19 pandemic, must now submit an APC request if the individual is still away from their residential home. Providers should back-date the APC request to the date the individual originally left their home. If the individual already returned home and the APC has returned to its original number, an APC request does not need to be completed.

Providers should continue to follow the guidance in ODP Announcement 19-138 regarding APC. When an individual is on medical or therapeutic leave for more than 30 days, the APC can be reduced starting on day 31 and can continue to be reduced until the individual returns to the home or until the end date communicated by ODP, whichever date is earliest. The 180-day limit for reduced APC when an individual is on medical or therapeutic leave is temporarily suspended. Reductions in APC are generally not approved for permanent vacancies. The ISP must include the procedure codes, and providers must bill the procedure codes, that accurately reflect the number of people who are approved through APC to receive residential services in the home.

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 AE 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.

3. When increasing the number of people served in a home, accommodations should be as comfortable and dignified as possible. While each individual's right to choose with whom they share a bedroom is suspended, providers are still encouraged to help

individuals exercise their rights to the fullest extent possible. Providers are responsible for talking with each individual 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. This guidance does not apply to Life Sharing and Supported Living homes that are owned, leased or rented by the participant as the participant must be given the right to determine who will live in their home.

4. Effective June 10, 2020, as discussed in ODP Announcement 20-072, providers of Residential Habilitation and 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.

5. Shift Nursing may be authorized as a service for participants receiving Residential Habilitation, Life Sharing, or Supported Living when the following occurs:

   - The provider's current nurse is diagnosed with COVID-19 and the provider has been unable to contract with a nurse from an agency to fill the role; or
   - Due to multiple participants being diagnosed with COVID-19, additional nurses are needed to meet the health and safety needs of participants in the home.

6. Per current waiver requirements, a variance is not required to be completed for the first 90 days that Supplemental Habilitation is authorized and rendered. The requirement to complete a variance for requests beyond 90 days is now also suspended.

   Supplemental Habilitation rendered in a Residential Habilitation home can be authorized in accordance with Appendix K for participants diagnosed (presumptive or confirmed) with COVID-19 who require additional staff support at a 1:1 or 2:1 ratio.

DOCUMENTATION REQUIREMENT: The Supports Coordinator must include a description in the ISP of how the participant's support needs have changed because of the participant's COVID-19 diagnosis and why Supplemental Habilitation services are needed.

Supplemental Habilitation can be authorized in the Life Sharing home in accordance with Appendix K for the following reasons:

- To replace Community Participation Support that was authorized prior to the COVID-19 emergency;
- If needed by a participant who has lost employment due to COVID-19; or

- To support a participant diagnosed (presumptive or confirmed) with COVID-19 who requires additional staff support at a 1:1 or 2:1 ratio.

Supplemental Habilitation can be authorized in accordance with Appendix K in the private home of the participant's family, friends, or staff when the participant temporarily relocates to the private home and the participant's needs cannot be met through the staffing covered in the current authorized Residential Habilitation or Life Sharing service. When Supplemental Habilitation is billed, the provider may not bill the day unit rate for Residential Habilitation or Life Sharing.

Information regarding Supplemental Habilitation rendered while a participant is hospitalized starts on page 37. Requests for Supplemental Habilitation for purposes related to COVID-19 impacts that are not outlined in this operational guide must be referred to the appropriate ODP Regional Office for review.

7. Relatives and legally responsible individuals who render Residential Habilitation, Supported Living, or Supplemental 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. 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 one of these services is rendered by relatives or legally responsible individuals, the provider agency authorized to render the Residential Habilitation, Supported Living, or Supplemental Habilitation service, is responsible for ensuring that services are provided as authorized in the ISP and that billing occurs in accordance with ODP requirements.

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

   Supplemental Habilitation may be provided by relatives or legally responsible individuals in the Residential Habilitation home or the private home of the relative or legally responsible individual.

NOTIFICATION REQUIREMENT FOR 5 THROUGH 7:

Providers must inform each participant's Supports Coordinator that Shift Nursing or Supplemental Habilitation should be added to the ISP. The provider must inform the Supports Coordinator when Shift Nursing or Supplemental Habilitation services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.

8. Regarding staffing ratios, 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. More information about residential staffing ratios, including webinars and other resources, can be found at:

Residential ISP Staffing: It's about the Person, Not the Numbers
https://www.myodp.org/course/view.php?id=1513

Addressing Day to Day Risks with the Team
https://www.myodp.org/course/view.php?id=404

INCIDENT REQUIREMENT: Providers must report any incidents in which staffing shortages result in an alleged failure to provide care. Please see information contained in Appendix G below.

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, Life Sharing or Supported Living 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 37 must be followed when services are rendered while a participant is hospitalized.

NOTIFICATION REQUIREMENT: If a participant needs to have Supplemental Habilitation added to his or her ISP to render services in a hospital, providers must notify his or her Supports Coordinator. The provider must inform the Supports Coordinator when the service will start or was implemented due to an emergency, which cannot be prior to March 11, 2020.

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

Administrative Entity Guidance: Participants are not required to be discharged from the waiver if they are hospitalized beyond 30 consecutive days and are receiving services in a hospital setting**.** Because participants will not be discharged from the waiver, there is no reason to reserve capacity for them as required under Appendix B-3 in the current approved waivers.

10. The Residential Habilitation provider must contact the Administrative Entity and ODP Regional Office 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 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 staff person. Residential Habilitation 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 the participant to another home or a participant must be relocated because of an emergency. The Supports Coordinators will then notify the participant's AE to confirm that there are no concerns about the relocation.

Education Support Services - Service Definitions and/or Limits

First Appendix K requirements:

1. Allow all components of Education Support to be provided in accordance with any changes the university/college makes for distance/web learning.

Operational Guidance

1. Education Support can be used when universities/colleges require students to take classes online or when participants choose to take classes online to mitigate the spread of COVID-19. No changes are necessary to implement this. ICD-10 codes discussed in Section V are not required for these changes.

In-Home and Community Support and/or Companion Services – Service Definitions and/or Limits

First Appendix K Requirements:

1. Due to changes in circumstance related to COVID-19, a variance is not required to be completed when a participant requires more than 14 hours per day of In-Home and Community Support, Companion, and/or Community Participation Support in order to meet the needs of the participant. (Variances for this purpose are not a requirement in the Community Living and P/FDS waivers). THIS IS NO LONGER PERMISSIBLE.
2. Direct In-Home and Community Support and/or Companion services may be provided using remote/tele support when this type of support meets the health and safety needs of the participant.
3. Participants that require hospitalization due to a diagnosis of COVID-19 may receive In-Home and Community Support and/or Companion 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 37 must be followed when services are rendered while a participant is hospitalized.

Second Appendix K Requirements

4. The requirement that any one relative can provide a maximum of 40 hours per week of In-Home and Community Support and/or Companion is suspended. The requirement that multiple relatives can provide no more than 60 hours per week of In-Home and Community Support and/or Companion is also suspended.

Operational Guidance

1. As communicated in ODP Announcement 20-072, within 45 days of the county where a participant resides moving to the green phase of the Governor's plan to reopen Pennsylvania, a variance must be completed if a participant needs more than 14 hours a day of Community Participation Support, In-Home and Community Support, and/or Companion services.

   When determining the number of hours per day of Companion services that a participant should have authorized in the ISP, the team and Administrative Entity should consider that participants who are employed in competitive integrated jobs can use Companion services to support them when all of the following are met:

   - The Supported Employment provider is not rendering in person services due to the COVID-19 pandemic;

- The Supported Employment provider will use remote technology to provide guidance and education to the professional rendering Companion services while at the place of employment on how to support the participant in performing the participant's job duties;
- The participant agrees to receive services in this manner;
- The technology used complies with HIPAA requirements.
- The ISP team has determined that this type of support will meet the health and safety needs of the participant; and
- The Companion provider agrees to support the participant in this manner.

Companion services may continue to be rendered at the same time as Supported Employment for the purpose of supporting the participant with non-skilled activities, supervision or incidental personal care that cannot, or would be inappropriate to, be provided with the support of coworkers or other natural supports, and is outside the scope of the Supported Employment service as outlined in the current approved waivers.

2. In-Home and Community Support and/or Companion services may be provided using remote support when all of the following are met:

- The participant has agreed to receive remote services in this manner 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 may only be billed if the direct support professional was actively engaged with the participant via technology or over the telephone.

NOTIFICATION REQUIREMENT for 1 & 2: 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 requirements in 1 and/or 2. 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, In-Home and Community Support and Companion 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 37 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.

Administrative Entity Guidance: Participants are not required to be discharged from the waiver if they are hospitalized beyond 30 consecutive days and are receiving services in a hospital setting. Because participants will not be discharged from the waiver, there is no reason to reserve capacity for them as required under Appendix B-3 in the current approved waivers.

- Effective March 11, 2020 and ending 45 calendar days after the county where the participant lives moving to the green phase of the Governor's plan to reopen Pennsylvania, relatives and legal guardians can provide any amount of needed In-Home and Community Support and/or Companion services. The needed In-Home and Community Support and Companion services can be provided through traditional providers or one of the participant-directed services models, Agency With Choice or Vendor Fiscal/Employer Agent.

As outlined in ODP Announcement 20-090, the following requirements apply within 45 calendar days of the county the participant lives in moving to the green phase:

- Any one relative or legal guardian may provide a maximum of 40 hours per week of authorized In-Home and Community Support services or a combination of In-Home and Community Support and Companion services (when both services are authorized in the ISP).
- Multiple relatives or legal guardians may provide any combined amount of In-Home and Community Support and/or Companion services authorized in the ISP.
- An exception may be made to the 40 hour per week limit of In-Home and Community Support and Companion services provided by any one relative or legal guardian at the discretion of the employer when there is an emergency or

an unplanned departure of a regularly scheduled worker for up to 90 calendar days in any fiscal year.

- In-Home and Community Support or Companion services can be provided through traditional providers or one of the participant-directed services models, Agency With Choice or Vendor Fiscal/Employer Agent. More information about Guidance Regarding Limits on the Number of Hours of In-Home and Community Support and Companion by Relatives, Legal Guardians can be found on pages 220 and 221 of the Individual Support Plan Manual.

- If the number of units of authorized services was increased while the county a participant resides in was in the red or yellow phase of the Governor's plan to reopen Pennsylvania, the number of units of authorized services must return to the number of units authorized in the participant's ISP prior to the COVID-19 pandemic unless there has been a change in the participant's needs that requires the increase in services to continue.

- Units may be transferred between services that were authorized prior to the COVID-19 pandemic. For example, if a participant was authorized for Community Participation Support services prior to the COVID-19 pandemic and the participant chooses not to resume Community Participation Support services, those service units may be transitioned to another service such as In-Home and Community Support or Companion services.

NOTIFICATION REQUIREMENT: When an emergency circumstance necessitates that any one relative or legal guardian render currently authorized In-Home and Community Support and/or Companion services in excess of 40 hours per week in a participant-directed services model, the common law employer or Agency With Choice provider must notify the Supports Coordinator at the beginning of the third week that this will occur in accordance with current guidance in ODP Announcement 069-16. For the purpose of one relative or legal guardian exceeding 40 hours per week of service(s), it is not considered an emergency circumstance when relatives or legal guardians choose not to allow other Support Service Professionals to render services because of the COVID-19 pandemic.

Participants are not able to exceed the number of authorized units in the approved ISP. If changes need to be made to the ISP, the common law employer or Agency With Choice provider needs to contact the Supports Coordinator.

General Guidance for the Provision of In-Home and Community Support or Companion Services During the COVID-19 Pandemic:

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.

Services must support the participant to participate in all community activities as allowed by current orders and guidance from Governor Wolf, the Pennsylvania 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.

Behavioral Support, Supports Broker, Small Group Employment, Therapy Services, Communication Specialist, Music Therapy, Art Therapy, and Consultative Nutritional Services

First Appendix K Requirements:

1. Direct Behavioral Support and Supports Broker services may be provided using remote/telephone support when this type of support meets the health and safety needs of the participant.

Second Appendix K Requirements:

2. Direct Small Group Employment, Therapy Services, Communication Specialist, Music Therapy, Art Therapy, and Consultative Nutritional 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&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.

Direct Behavioral Support, Supports Broker, Small Group Employment, Therapy Services, Communication Specialist, Music Therapy, Art Therapy, and/or Consultative Nutritional 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.
- If direct Behavioral Support, Therapy Services, Music Therapy, Art Therapy or Consultative Nutritional services are being provided, the services must be provided 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. 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 Support is clearly documented in the Behavior Support section of the ISP.

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 Behavioral Support, Supports Broker, Therapy Services, Communication Specialist, or Consultative Nutritional services as currently approved in the waivers.

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.

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

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.

Operational Guidance

1. Supported Employment providers can bill for assisting participants with applying for unemployment benefits using whatever component of Supported Employment (Career Assessment, Job Finding or Development, or Job Coaching and Support) is authorized on the participant's ISP.

   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. Supported Employment 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 service delivery 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.

When the Supported Employment provider is not rendering in person services due to the COVID-19 pandemic, the ISP team can consider using a combination of remote Supported Employment and in-person Companion when all the following are met:

- The Supported Employment provider will use remote technology to provide guidance and education to the professional rendering Companion services while at the place of employment on how to support the participant in performing the participant's job duties;
- The participant agrees to receive remote services;
- The technology used complies with HIPAA requirements;
- The ISP team has determined that this type of support will meet the health and safety needs of the participant; and
- The Companion provider agrees to support the participant in this manner.

Direct services may only be billed if the direct support professionals were 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 waivers.

Specialized Supplies – Service Definition and/or Limits

Second Appendix K Requirements:

1. Expand Specialized Supplies to cover personal protective equipment for participants. Personal protective equipment is also covered for Support Service Professionals in the Vendor Fiscal/Employer Agent participant directed services model. The fiscal year limit is increased from $500 to $1500 to cover needed personal protective equipment.

Operational Guidance

1. 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.

Supports Broker – Service Definition and/or Limits

Second Appendix K Requirements:

1. Supports Broker limit of 1040 15-minute units may be increased up to 2080 15-minute units per participant per fiscal year.

Operational Guidance

1. Supports Broker units may be included in the ISP and authorized for up to 2080 units (520 hours) per participant per fiscal year when needed due to the COVID-19 pandemic. Some examples include:

    - Supports Broker services are needed for a participant who is hospitalized to help the managing employer (ME) or common law employer (CLE) ensure that support service professionals (SSPs) are trained and scheduled to support the participant's needs while hospitalized and to support a smooth transition of the participant from the hospital to a home and community-based setting.
    - Supports Broker services are needed to help hire, schedule or train additional SSPs to ensure that there are sufficient professionals to provide services should a professional or natural support test positive for COVID-19.
    - Supports Broker services are needed to expand and coordinate informal, unpaid resources and networks within the community to support success with participant direction because the participant's schedule has been disrupted due to the COVID-19 pandemic.

NOTIFICATION REQUIREMENT: The provider must notify each participant's Supports Coordinator if additional Supports Broker units need to be added to the ISP. The provider must inform the Supports Coordinator when these services were increased due to an emergency, which cannot be prior to March 11, 2020.

Supports Coordination – Service Definition, Limits and/or Qualification Criteria

First Appendix K Requirements:

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

Third Appendix K:

3. 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 for OHCDS in appendix I-3-g-ii of the current approved waivers.

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 and 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.

3. Effective July 1, 2020, a Supports Coordination Organization who chooses to become an OHCDS provider and agrees to provide vendor goods and services must meet or complete all of the following:

- Render at least one direct waiver service. Supports Coordination Organizations that are qualified and rendering the Supports Coordination service meet this requirement.
- Enroll as a Provider Type (PT) 55 in PROMISe.
- Enter the direct waiver service(s) along with the vendor service(s) the Supports Coordination Organization will offer as an OHCDS in HCSIS.
- Be qualified to provide Supports Coordination services, as well as the vendor service(s) that will be provided and meet all requirements in accordance with Appendix C of the approved waivers.
- Ensure that each vendor with which the Supports Coordination Organization contracts meets the applicable provisions of 55 Pa. Code Chapter 6100.

- Have a written agreement specifying the duties, responsibilities and compensation of each subcontractor.
- Attest that the cost of the good or service is the same as or less than the cost charged to the general public. The attestation must be submitted to the AE.
- Submit a bill to PROMISe for the amount of vendor goods or services that is charged to the general public.
- Pay the vendor that provided the vendor goods or services the amount billed in PROMISe.
- Maintain documentation on service delivery, as specified in ODP Bulletin, 00-18-04, Interim Technical Guidance for Claim and Service Documentation.
- The Supports Coordination Organization, acting as an OHCDS, may bill for a separate administrative fee but must justify the administrative fee through documentation of the administrative activities that were delivered. Currently ODP's state-established fee for OHCDS administrative claims is $25.00 per transaction or 10% of the cost of the service, whichever is less, as stated in ODP Announcement 100-16.

Note: For participants who are self-directing, the Vendor Fiscal/Employer Agent Financial Management Services (VF/EA FMS) provider and the Agency With Choices Financial Management Services (AWC FMS) provider are required to provide the administrative service and pay for all identified participant directed and vendor services authorized. An OHCDS provider may not be authorized as part of the participant's ISP if the participant has selected one of the two FMS options.

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

Respite – Service Definition and/or Limits

First Appendix K Requirements:

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

Second Appendix K Requirements:

5. Consolidated Waiver Only – Respite limits may be exceeded beyond 480 15-minute units annually without requesting a variance in order to meet the immediate health and safety needs of the participant.

6. Community Living and P/FDS Waiver Only – Respite limits may be exceeded beyond 1440 15-minute units annually without requesting a variance in order to meet the immediate health and safety needs of the participant.

7. A Respite Camp must comply with all applicable Centers for Disease Control (CDC) and Pennsylvania Department Of Health guidelines and, for camps in Pennsylvania, operate in accordance with the Wolf Administration's Summer Camp and Recreation Guidance, including the Pennsylvania DOH Frequently Asked Questions. Respite Camps must develop a written health and safety plan that follows the CDC guidance for Youth and Summer Camps and post the plan on the camp's publicly available website prior to providing services. The OHCDS, AWC or AE are responsible for reviewing the plan prior to including or authorizing the service on the ISP to ensure the Respite Camp has met all CDC and Department of Health guidelines.

Operational Guidance

1, 5 & 6: Variances do not need to be completed when a participant requires Respite that exceeds any of the limitations in the current approved waivers when needed to meet the immediate health and safety 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. No additional guidance.

4. No additional guidance.

7. Current CDC guidance for camps can be accessed here. The Wolf Administration's Summer Camp and Recreation Guidance, including the Pennsylvania Department Of Health Frequently Asked Questions can be accessed here.

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 Pennsylvania 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:

   - Residential Habilitation (Supplemental Habilitation only). The Residential Habilitation day rate cannot be billed when the participant is admitted to the hospital.
   - Life Sharing (Supplemental Habilitation only). The Life Sharing day rate cannot be billed when the participant is admitted to the hospital.
   - Supported Living (Supplemental Habilitation only). The Supported Living day rate cannot be billed when the participant is admitted to the hospital.
   - Supplemental Habilitation.
   - In-Home and Community Support.
   - Companion.
   - Behavioral Support.

- Supports Coordination. This includes locating, coordinating, and monitoring needed services and supports when a participant is hospitalized.
- Supports Broker can be rendered to help Managing Employers and Common Law Employers ensure that Support Service Professionals are trained and scheduled to support the participant's needs while hospitalized and to support a smooth transition of the participant from the hospital to home and community-based settings.

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 Announcement 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.

   Administrative Entity Guidance: A participant should not be disenrolled from the waiver if the participant is hospitalized, regardless of whether waiver services are provided during hospitalization. Because the participant will not be disenrolled from the waiver, there is no reason to reserve capacity for the participant as required under Appendix B-3 in the current approved waivers.

   Because participants will not be disenrolled from the waiver when they are hospitalized, Supports Coordination services can be rendered as needed. The 30-day limit on Supports Coordination in the current approved waivers does not apply.

   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 Administrative Entity 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. Supports Coordinators should include a general description of this information in the Medical History and/or the General Health and Safety Risks sections of the ISP.

Unless a participant has a history of being hospitalized on at least an annual basis, waiver services should not be added to the ISP to cover the possibility of the participant being hospitalized.

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

It is imperative that the provider, direct support professional and/or support service professional talk with hospital staff about the services they will render while the participant is hospitalized to ensure services 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.

Provision of Supplemental Habilitation for Participants Who Receive Residential Habilitation

A variance does not need to be completed for Supplemental Habilitation rendered in the hospital. When residential providers support participants who are hospitalized for more than 30 days, a reduction in Approved Program Capacity may be requested until the participant returns home from the hospital.

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 Consolidated waiver may be used for provision of any service that does not require specific training, education, certification, or professional licensure under another service definition in C-1/C-3. Services exempt from this include; Supports Coordination, Supported Employment, Therapy Services, Behavioral Support, Consultative Nutritional Services, Music Therapy, Art Therapy and Equine Assisted Therapy, Small Group Employment, Shift Nursing, and enhanced levels of In-Home and Community Support, Community Participation Support, and Respite.
   All staff must receive training on any participant's ISP 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.

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, Supported Employment and Small Group Employment, as well as enhanced levels of In-Home and Community Support, Community Participation Support, and Respite have been added to the list of services exempt from this flexibility as they require specialized certification or training or a bachelor's degree.

Direct support professionals providing Community Participation Support services must complete the online Community Participation Support training in alignment with current approved waiver qualification requirements.

DOCUMENTATION REQUIREMENT: Providers must continue to document all annual 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 Internal Revenue Service (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 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 as specified in ODP Announcement 20-032."

Staff may present this letter to any other provider as evidence of meeting qualifications to render waiver services. Providers using these letters as evidence of qualifications 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-4

Limit(s) on Set(s) of Services: (Does not apply to the Consolidated Waiver)

First Appendix K Requirements:

1. The fiscal year limits enumerated in Appendix C-4 of the Community Living and Person/Family Directed Support (P/FDS) waivers may be temporarily exceeded to provide

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

Operational Guidance

1. Exceptions to the fiscal year limits (referred to as cap exceptions) that are needed as a result of the COVID-19 pandemic should be identified by the ISP team and a request should be submitted to the AE. The AE will submit exception requests for each individual, including their name, MCI#, and the projected amount of ISP authorizations to the ODP appropriate Regional Office for review. ODP approvals will be communicated to the AE. Additional guidance about cap exceptions can be found in the ODP Fiscal Year (FY) 2020-2021 Renewal Guidance (published May 11, 2020) and in ODP Announcement 20-069 updated September 30, 2020.

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 ISP 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, AEs 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 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 AE 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.

3.

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 AEs 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.** AEs and 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 needs, 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. In addition to electronic signatures or electronic verification, verbal consent with the content of the ISP is currently acceptable. Supports Coordinators are responsible for documenting the verbal consent of the participant and all providers responsible for implementation of the ISP and any other members who attend the ISP meeting on the ISP Signature Page or in a Service Note. This flexibility was required to be approved by CMS through an 1135 waiver instead of Appendix K.

Waiver Reference: Appendix G

Participant Safeguards

First Appendix K Requirements:

1. The requirement to conduct an investigation of any incident of deviation in staffing as outlined in an individual plan may be suspended.
2. The requirement to submit an incident report for any deviation in staffing as outlined in the ISP may be suspended. If this requirement is suspended, providers must report any incidents in which staffing shortages result in a failure to provide care.
3. 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.

Second Appendix K Requirements:

4. 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 Department of Human Services Medication Administration Program (MAP).

Operational Guidance

1 & 2. Many providers enter a neglect incident into Enterprise Incident Management (EIM) if the total number of staff on duty is lower than the total number of staff who are supposed to be on duty based on staffing needs specified in the individual plan. During the time that this provision of Appendix K is in effect, a neglect incident will NOT need to be entered into EIM if these circumstances exist as long as:

- The reason there are fewer staff on duty than what is specified is in the ISP relates directly or indirectly to COVID-19; and
- The individual receives all needed care.

INCIDENT REQUIREMENT: Providers must report any incidents in which staffing shortages result in an alleged failure to provide care, even if the staffing shortage is COVID-19 related.

3. 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 the Department's guidance, this may be considered a violation of the participant's rights. Providers should consult with the Administrative Entity when considering implementation of limitations above and beyond the Department's guidance.

4. In accordance with ODP Announcement 20-102, providers may elect to use the modified 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, Life Sharing, Supported Employment, In-Home and Community Support, Companion, Community Participation Supports, Respite, Shift Nursing.

Second Appendix K Requirements:

2. Retainer payments may be provided for Community Participation Supports (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 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 the monthly average of total billing under the 1915(c) waivers.

Up to three consecutive episodes of up to 30 days per beneficiary may be 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. Community Participation Support 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 Community Participation Support made through the CARES Act from March through June 2020. ODP announcements 20-085 and 20-095 outline requirements for Community Participation Support 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.