

ODP Waivers and New Policies



The Provider Alliance
August 26, 2022

Pennsylvania's Statewide Transition Plan for Home and Community-Based Services

Where: All service locations that receive funding or payment through an approved HCBS Waiver

ODP	OCDEL	OLTL
Adult Autism Waiver	Infants, Toddlers, and Families (ITF) Waiver	Community HealthChoices Waiver
Community Living Waiver		OBRA Waiver
Consolidated Waiver		
Person/Family Directed Support (P/FDS) Waiver		

Initial STP



The initial Statewide Transition Plan was approved on August 30, 2016. This plan included:

- Identification of all settings subject to the HCBS Settings Rule
- Systemic review of regulations, policies, and service definitions
- Remediation strategies

Final STP

A final Statewide Transition Plan must be submitted to CMS. This plan must contain:

- Site specific assessment of all settings
- How issues found during the site-specific assessment will be resolved by March 2023
- Plan for identifying and evaluating settings presumed to have institutional characteristics (Heightened Scrutiny)
- Process for communicating with people in settings that will not meet requirements
- Process for ongoing monitoring

Public Comment Period

- ODP Announcement [22-096](#)
- Comments received by **11:59 pm on September 22, 2022**, will be reviewed and considered for revisions to Pennsylvania's Final STP that will be submitted to CMS.

Webinars Specific to STP Information for ODP

September 8, 2022

10:00 am to 12:00 pm

Please register for the webinar at the following link:

<https://attendee.gotowebinar.com/register/7664405711312057611>

September 12, 2022

1:00 pm to 3:00 pm

Please register for the webinar at the following link:

<https://attendee.gotowebinar.com/register/8670137793348390669>

Individual Support Plan Bulletin and June 1, 2022 Amendments

Remote Supports are currently covered under the Assistive Technology service and procedure codes.

- The completion of variances continues to be required for Remote Supports that exceed \$5000
- Remote Supports as a separate and discrete service with unique procedure codes will be implemented when the waiver renewals are approved.

Remote Supports Vs Teleservices

Remote Supports

Used during periods of time that direct services are not required from a professional

Interaction with a professional occurs as needed but is not the main function of the service

Technology is used to allow someone from an agency who is offsite to monitor and respond to the person's safety needs.

Teleservices

Used during periods of time that direct services are not required from a professional

May only be billed when the professional is actively engaging with the person

Technology is used to actively engage with the person. Monitoring devices is not allowed.



ISP Bulletin

- Bulletin [00-22-05](#)
 - [Attachment 1 – ISP Manual](#)
- Updated to align with changes in:
 - November 22, 2021 ID/A Amendments; and
 - June 1, 2022 ID/A Amendments.
- New Attachment 8 contains a summary of major changes made

ISP Bulletin – Changes Not In Waivers

- The provision of waiver services during travel has increased from 30 to 90 calendar days per fiscal year.
- The following ISP Key Terms have changed to reflect the provision of Teleservices and Remote Supports
 - **Direct Service** – The performance of activities outlined in the service definition where direct service professionals are actively engaged with the individual/participant and ensure the health and safety needs of the individual/participant.
 - (Removed that DSP and participant need to be in same service location)
 - **Indirect Service (NEW)** – The performance of activities outlined in the service definition that do not require the individual/participant to be present.



2022 ID/A Renewals

CMS Concerns About Remote Supports and Teleservices

The main issue that CMS and ODP continue to work through is how to protect individual privacy while using technology to render waiver services.

- Most concerns center around the use of cameras in bedrooms and bathrooms.
 - We anticipate that the use of cameras in bathrooms will be prohibited.
 - We are working through whether there are situations where the use of cameras would be acceptable in bedrooms.

Technical Guidance for Claim and Service Documentation

- Bulletin 00-22-03 replaces 00-18-04
- **Update and Clarify** guidance on documentation needed to substantiate a claim and guidance on the service documentation processes.

Fundamentally, the guidance in Bulletin 00-22-03 is not different than the guidance that was released in 2018 with Bulletin 00-18-04.

- In order to fully understand the requirements and expectations of claim and service documentation, the Technical Guide must be used **in conjunction with** Bulletin 00-22-03.
- Must, shall, will = Required
- May = Optional
- Recommended = Best Practice

Service Notes

- Document service delivery
- Source of information
- Support paid claims
 - Completed for each continuous span of 15-minute or hour units or each day unit
 - Typically completed by the person delivering the service on the day of service delivery

Progress Notes

- Evaluate whether services are helping the individual achieve their goals
- Ensure services are meeting needs
 - Completed for every three-month period, at a minimum
 - Typically written by a program specialist or other provider staff person who conducts routine reviews/oversight of staff or service monitoring.

Using Checklists



Every Service Note must include the nature or description of the activities involved in the provision of the service.

- Some services are permitted to use a checklist that satisfies this requirement.

A narrative of activities in addition to a checklist is **not required but may be helpful** because checklists alone do not capture anecdotal information from direct support professionals.

When a checklist is used, a separate Service Note is not required as long as the checklist includes all of the required elements of a Service Note.

Providers may develop and use checklists based on the service definition or specialized to the individual.

Providers considering the use of a checklist should consider the following:

- Can a checklist meet the provider's documentation needs?
- Will the use of a checklist provide enough information to determine if the quality of the service provided meets the provider's expectations?
- Will the use of the checklist provide adequate documentation on the individual's level of assistance, support, and guidance needed to enable the provider to evaluate an individual's progress towards a goal and develop a high-quality progress note?
- Should a narrative in addition to a checklist be used by direct support professionals?

If the service was provided in accordance with the ISP.

Services are delivered in accordance with the ISP unless there is a pattern of services not being delivered during the period under review

How progress will be addressed, if there was lack of progress on a desired outcome.

If the individual is not making progress towards their outcomes or goals, the provider must identify why there is a lack of progress and document in the progress note the action steps the provider will take to address the lack of progress.

Consolidated, Community Living, P/FDS Waivers, and Base Funded Services

- The provider has **one month** after the last date included in the timeframe under review to complete the progress note.
- For example, if the time period of service delivery that will be included in the progress note is June 16th through September 16th, the provider has until October 16th to complete the progress note.

Consolidated, Community Living, P/FDS Waivers, and Base Funded Services

- Progress notes must cover all dates.
- For example, if the last Progress Note covered June 16th through September 16th, the period under review for the next progress note must begin on September 17th.
 - Regardless whether the service was delivered on September 17
 - Regardless of the date the progress note is completed

Consolidated, Community Living, P/FDS Waivers, and Base Funded Services

- The three-month “clock” begins on the first date of service delivery
- Providers may consider shortening a time period under review to align the review dates more favorably
- Example: a provider begins delivering services to an individual on May 15th. The provider may choose to create a progress note for dates May 15th through May 31st and complete a progress note every three months thereafter

Adult Autism Waiver Services

- Providers must continue to follow previously outlined timeframes for reporting quarterly progress.
- Providers should continue to refer to the Adult Autism Waiver Quarterly Progress Note (QPN) Guidance on [MyODP.org](https://myodp.org). The chart specifies the quarter under review based on the individual's Plan Effective Date and the date by which the quarterly progress note must be completed and submitted into QuestionPro.

The 15-minute unit of service will be comprised of 15 minutes of continuous or non-continuous service.

Providers can bill for non-continuous time on the same claim

- Providers of services with a national billing code (90846, 90847, G0176, H0043, H0045, H2023, H2025, S8940, S9470, T1013, T2028, T2029, and T5999) can group time together to bill **as long the time is on the same calendar day**
- All other providers can bill across **multiple days** (as long as they are all in the same fiscal year)

Reminder!

- A new service note is needed if there is a break in service (even if it's in the same calendar day)
- Adding together non-continuous time to complete a full 15-minute unit is allowable
- Rounding is not allowable.

[Bulletin 00-22-03, *Technical Guidance for Claim and Service Documentation*](#)

[Attachment 1](#)

For providers and Supports Coordination Organizations of Consolidated, Community Living, and Person/Family Directed Support Waiver services as well as Targeted Support Management and Base-funded Services.

[Attachment 2](#)

For providers of services in the Adult Autism Waiver.

Questions

