

ODP Waiver Amendments and Renewals



The Provider Alliance July Meeting and
Member Conference

July 29, 2022

Federal COVID-19 Public Health Emergency

The federal COVID-19 public health emergency was renewed effective [July 15, 2022](#); the expiration date is unknown at this time.

- Each extension has historically lasted for 90 calendar days. That means this extension should last until mid-October.
- CMS has committed to giving states 60 days advance notice prior to termination of the COVID-19 public health emergency.
 - If CMS does not plan to extend the public health emergency again, we would expect notice of this in mid-August.

Difference Between Renewals and Amendments

Waiver Renewal: Each waiver must go through CMS's renewal process every 5 years, regardless if changes are made or not.

Waiver Amendments: When a state determines a change needs to be made to a waiver before the renewal. This can happen at anytime.

▶ CMS Waiver Review Process – IRAI

This process applies to renewals and amendments.

The Centers for Medicare and Medicaid Services (CMS) has **90 calendar days** within which to approve or disapprove the waiver or formally request additional information in order to address problems that have been identified in the waiver.

- During this 90-day period, CMS will send ODP informal requests for additional information (IRAI). ODP responds with the information requested.



CMS Waiver Review Process - RAI

If CMS determines that problems identified during the initial 90 days are not addressed satisfactorily, they issue a **formal request for additional information (RAI)**. This stops the requirement that CMS complete their review within 90 calendar days from submission. CMS now has an additional 90 calendar days to review information. The additional 90 days starts once ODP responds to the RAI.





Amendments to the Consolidated, Community Living and Person/Family Directed Support Waivers Effective June 1, 2022

Medically Complex Youth

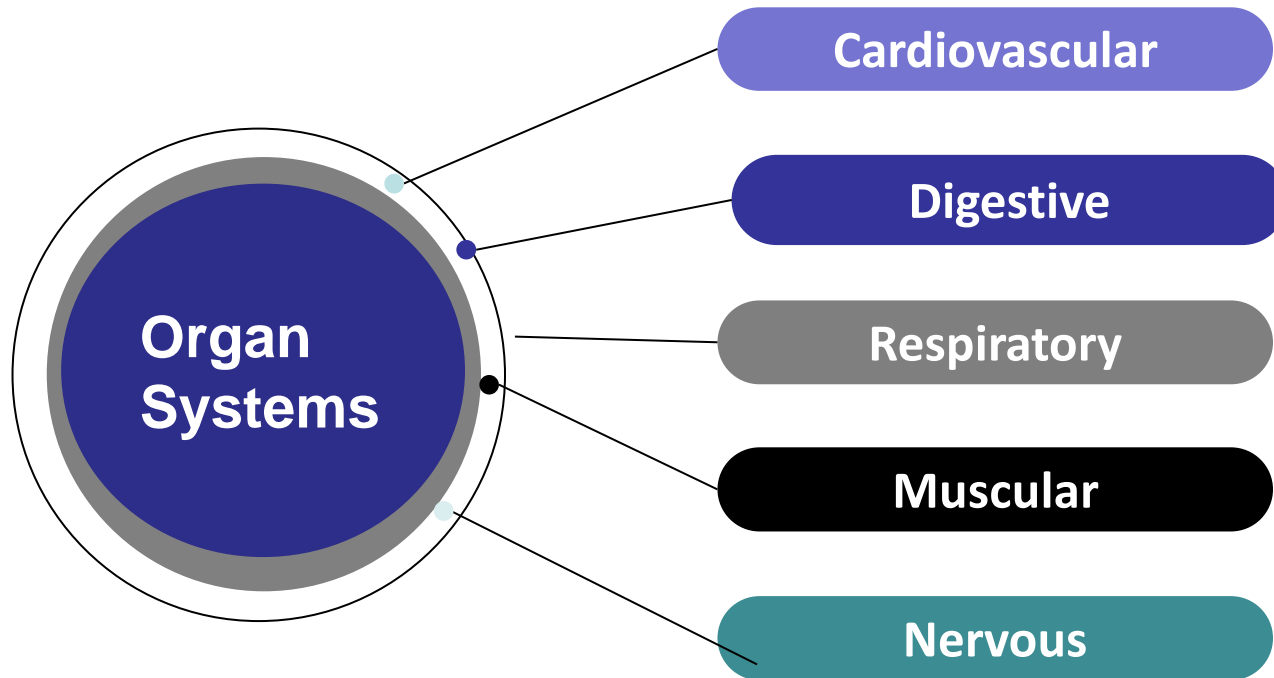


Eligibility was expanded to include children under age 22 with a developmental disability due to a medically complex condition.

Purpose:

- Eliminate barriers to families caring for these youth at home
- Provide care in least restrictive, home-like settings

Medically Complex Condition: Youth has one or more chronic health conditions that cumulatively affect 3 or more organ systems. Examples:





Medically Complex Condition: Youth has one or more chronic health conditions that require medically necessary nursing intervention to execute medical regimens to use technology for respiration, nutrition, medication administration or other bodily functions

Medically Complex Condition Part 3



DP 1090

Instructions For Completing Form DP1090



Supplement to the Medical Evaluation Level of Care Evaluation for Individuals with Complex Medical Conditions

INDIVIDUAL'S NAME:	DATE OF MEDICAL EXAM:
ADDRESS:	DATE OF BIRTH:

PRIMARY DIAGNOSIS:	ICD-10
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List all Chronic Medical Conditions that individually or in combination require medically necessary interventions such as medications, treatments, therapies, or adaptive equipment or technologies. Include ICD-10 code and the organ systems that are impacted by the diagnosis (or applicable updates).

CHRONIC MEDICAL CONDITIONS	ICD-10 CODE	ORGAN SYSTEM
0. (Sample) Asthma	J44.9	H
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please indicate on the above chart those organ systems impacted by entering the letter that corresponds to the organ system.

- | | | | |
|-------------------|------------------|-----------------|------------|
| A. Cardiovascular | D. Integumentary | G. Reproductive | J. Urinary |
| B. Digestive | E. Muscular | H. Respiratory | |
| C. Endocrine | F. Nervous | I. Skeletal | |

Additional Eligibility Requirements



Have substantial adaptive skills deficits in three or more areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living based on a standardized adaptive functioning test;

Be recommended for an ICF/ORC level of care based on a medical evaluation.



Individuals with a Developmental Disability age 0-21 have the option to enroll in an ODP waiver

Once a participant reaches age 22, the participant will be given the option to remain enrolled in the waiver after age 22 or transition to another program.

Available Webinars



Training Series for Supports Coordinators and Administrative Entities.

<https://palms-awss3-repository.s3.us-west-2.amazonaws.com/Communications/ODP/2020/Medically+Complex+Conditions+Training+Series.pdf>

Some of the dates have changed since this was released.

<https://palms-awss3-repository.s3.us-west-2.amazonaws.com/Communications/ODP/2022/ODP+Training+Calendar+-+August+2022+.pdf>

NEW SERVICE

Assists with management of services in the participant's private home related to the medical needs of participants with a Needs Group 3 or 4 who use medically necessary technology and require nursing.

Two Components:

Family Support Assistant

Nursing Oversight

The family support assistant and nurse work as a team to support each participant, family and other supporters and service providers.

Examples of responsibilities:

- Scheduling and communication between and among unpaid supports and paid services such as skilled nursing services, home health services, medical services, and behavioral health services in the participant's home
- Assisting with communication with insurance providers to facilitate understanding of coverage of needed medical services

Examples of responsibilities:

- Assessment of the participant's medical condition
- Identification of training needs related to the participant's medically complex condition and providing training to the participant, unpaid caregivers, and paid professionals
- Consulting with doctors and other healthcare professionals

Family Medical Support Rate



Service Name	Staffing Level	Procedure Code	Statewide Fee	Enhanced Comm Statewide Fee (U1)
Family Medical Support Assistance	1:1	W0064	\$18.41 per 15-minute unit	\$21.17 per 15-minute unit

<https://www.dhs.pa.gov/providers/Providers/Documents/ODP/Public%20Notices%20Related%20to%20Rates/Community-Based%20Fee%20Schedule%20rates-chart-UPDATED.pdf>

A new provider type was developed for Life Sharing agencies and Residential Habilitation agencies that will serve participants with a medically complex condition. Additional qualification requirements were added.

- Must have a nurse with the following responsibilities
 - Monitoring and assessment of the participant's health and safety
 - Training the staff/host family who will render services in the home
 - Overseeing access to and coordination of medical care
 - Being promptly available to the staff/host family for consultation

Residential Habilitation/Life Sharing agencies must meet the following standards:

- Have a process to ensure that progress notes are completed monthly for children age 0 to 18.
- Have a risk/crisis plan that identifies potential risks and the strategy for risk mitigation and crisis response.

Life Sharers/Host Families that provide Life Sharing services to participants with a medically complex condition must meet the additional following standards:

- Have a high school diploma or equivalent.
- Receive training by a medical professional that is specific to the participant's medical needs prior to rendering the service.

Medically Complex Life Sharing Rates



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Service Name	Staffing Level	Procedure Code	Statewide Fee	Enhanced Comm Statewide Fee (U1 Modifier)
Medically Complex Life Sharing Needs Group 4	1-person home	W0062	\$435.94 (day unit)	\$501.33 (day unit)
	2-person home	W0063	\$274.00 (day unit)	\$315.10 (day unit)

<https://www.dhs.pa.gov/providers/Providers/Documents/ODP/Public%20Notices%20Related%20to%20Rates/Rates%20for%20Residential%20Services%20-Updated.pdf>



NEW OPPORTUNITY IN RESIDENTIAL HABILITATION

Two payments made to the provider when:

- A participant lives in a licensed Residential Habilitation home where 4 or fewer people live; and
- Transitions to Life Sharing or Supported Living rendered by the same provider.

The First Payment will be made after the new Life Sharing or Supported Living service is rendered to the participant.

The Second Payment will be made after the participant has received six consecutive months of Life Sharing or Supported Living and is expected to continue residing in that home and receive Life Sharing or Supported Living.

ODP Announcement [22-068](#) “*Transition to Independent Living Payments*”

Transition to Independent Living Rates



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Service Name	Staffing Level	Procedure Code	Statewide Fee
Transition to Independent Living Payment	First Payment	W0400	\$15,000 (paid when outcome achieved)
	Second Payment	W0401	\$15,000 (paid when outcome achieved)

ID/A Waiver Changes – Provider Qualifications

New provider qualification requirements for Residential Habilitation, Life Sharing, and Supported Living

- Providers that wish to begin providing services must successfully complete ODP's Provider Readiness Tool as determined by ODP or its designated managing entity.
 - Readiness Tool, Overview and Instructions and Recorded Tutorial Webinar are available at <https://www.myodp.org/course/view.php?id=287>
- Newly hired CEOs must complete the ODP approved Health Risk Screening Tool Orientation, Residential ISP Staffing training and Dual Diagnosis Training within 30 days of hire.

ID/A Waiver Changes - CPS

Starting ~~4/1/22~~ **1/1/23** Community Participation Support services may not be provided in any facility required to hold a 2380 or 2390 license that serves more than 150 individuals at any one time including individuals funded through any source.

This delay is based on public comment that due to the COVID-19 pandemic, providers have not had the opportunity to do thoughtful transition planning for people that would enable them to meet this requirement.



Renewals to the Consolidated, Community Living and Person/Family Directed Support Waivers

- The current waivers were set to expire on June 30, 2022.
- The proposed waiver renewals were submitted to CMS on April 1, 2022.
- CMS issued informal requests for additional information on May 3, 2022, and June 6, 2022
- CMS issued a formal request for additional information on June 27, 2022 and approved a 90-day extension of the current approved waivers.
 - The waivers approved on June 1, 2022 remain in effect.

Major Changes - Teleservices



- Teleservices - the delivery of direct services using remote technology.
 - This is NOT a new service. This is a method of rendering current services.
 - Currently allowed under Appendix K. Waiver requirements will not become effective until 6 months after the federal public health emergency ends.
 - CMS requested that this be removed from the June amendments and inserted in the renewals.
- Procedure codes and rates will be the same for in-person services and teleservices except for Community Participation Supports teleservices.

CPS Teleservice Rates



These rates will not become effective until six months after the end of the federal public health emergency.

*No other rates were impacted by the waiver renewals

Service Name	Staffing Level	Procedure Code	Statewide Fee per 15-minute unit	Enhanced Comm Statewide Fee (U1)
Remote Community Participation Support (Teleservices)	1:1 to 1:5	W0065	\$4.94	\$5.68
	1:6 and above	W0066	\$1.91	\$2.20

Major Changes – Remote Supports



- Remote Supports will be a separate and discrete service. No longer covered under Assistive Technology.
- Purpose:
 - Assist participants who are 16 and older in obtaining and/or maintaining their independence and safety within their private home and in the community; and
 - To decrease the need for assistance from others.
- Remote Supports is used during periods of time that direct services are not required. Remote Supports staff:
 - Monitor devices/equipment to ensure health and safety
 - Interact with the person (two-way, real-time) as needed. This is not the main function of the service

- ODP Bulletin 00-22-03
 - Service notes not required
 - Progress notes required
 - Remote Supports Implementation Plan required
 - Itemized Invoice required
 - Costs of devices/equipment used
 - Costs on other equipment needed or costs for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the technology (if not included in the costs quoted above)
 - Dates and times staff will render Remote Supports
 - Cost of staff rendering Remote Supports

Major Changes - Employment



- Benefits Counseling increase from 10 to 15 hours per year and added as a service that can exceed the P/FDS cap by \$15,000 per year.
- Participants receiving residential services can receive discrete in person Companion services to support them at their place of competitive integrated employment.
- Supported Employment can be used to help a person travel out of state for work related trips (training, conferences, business trips)

Major Changes - Residential



Residential Habilitation, Life Sharing and Supported Living

- Participants receiving residential services can receive discrete Music, Art and Equine Assisted Therapy.
- Qualification Criteria - A Functional Behavioral Assessment and comprehensive behavioral support plan must be completed within 60 days of identification by the service plan team of a person's need for assistance from a behavioral specialist.
- Qualification Criteria – Staff must complete training on the common health conditions that may be associated with preventable deaths in people (Fatal 5).

Major Changes – Self-Direction



- Participant Directed Goods and Services added to the Consolidated Waiver.
- Supports Broker certification required every three years.
 - Supports brokers who were initially certified three or more years prior to the effective date of this waiver must complete the Supports Broker Certification Program, on or before July 1, 2023

Other Major Changes



- Increase in the number of units of Communication Specialist to 60 hours per year (was 40 hours per year)
- Qualification Criteria – Effective January 1, 2024, staff must have successfully completed a Communication Specialist Training provided by ODP.
- Increase in the lifetime amount of tuition covered by Education Support to \$40,000 (was \$35,000)
- Personal Protective Equipment will continue to be covered under Specialized Supplies after Appendix K ends.

Major Changes Based on CMS Guidance

- Temporary exceptions to the fiscal year limits in the P/FDS and Community Living waivers were added to ensure coverage for the full Fiscal Year in which the Federal COVID public health emergency ends.
- Temporary increases to Supports Broker and Specialized Supplies were added to ensure coverage for the full Fiscal Year in which the Federal COVID public health emergency ends

Example: If the public health emergency ends in mid-October 2022, Appendix K flexibilities would expire in mid-April 2023. Waiver participants would need these temporary increases to remain in place until June 30, 2023.

Next Steps for ID/A Renewals Part 1

Make any changes needed based on conversations with CMS.

Once the renewals are approved by CMS, we will publish a communication and schedule webinars to go over changes.

The Record of Change and Waiver Renewals submitted to CMS are available at

<https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Waiver-Amendments.aspx>



Next Steps for ID/A Renewals Part 2



Publication of guidance regarding acceptable **Fatal 5 Trainings** for residential staff

Publication of **evaluation tool** for ISP teams to use when determining whether **Remote Supports** are the most appropriate service to meet a person's needs. This will replace the requirement to complete the variance form and have it approved by ODP.

Publication of updated **ISP Manual**.

Other needed guidance...



Resources and Questions

Additional Resources

June amendments

- [Consolidated](#)
- [Community Living](#)
- [Person/Family Directed Support](#)
- General webinar on changes: August 19th from 1pm to 2pm
<https://attendee.gotowebinar.com/register/8860910756597202703>
- ODP Bulletin number [00-22-04](#) “*Referring Children to the County Intellectual Disability and Autism Programs*”

Waiver renewals

- The Record of Change and Waiver Renewals submitted to CMS are available at <https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Waiver-Amendments.aspx>

Questions

