

OFFICE OF DEVELOPMENTAL PROGRAMS: OPERATIONAL GUIDE

For the Adult Autism Waiver During the Federal
COVID-19 Public Health Emergency

Version 3.0

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Appendix K

General Guidance

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I. Overview

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

Rationale:

According to a study from [Jefferson Health](#), the population served by ODP is particularly vulnerable to COVID-19 due to:

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

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

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

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

II. Purpose and Usage

This Operational Guide is intended to be a guide for ODP, Supports Coordination Organizations, and Providers to ensure adherence to the conditions of the emergency requirements and provide specific guidance on regulatory requirements, waiver requirements, process, documentation, and health and safety measures.

Icons	
	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 or regulatory compliance guidance.

III. Scope

This operational guide applies to services rendered under the Adult Autism Waiver. Due to differences in the waivers, a separate operational guide has been developed for the Consolidated, Community Living, and Person/Family Directed Support (P/FDS) Waivers. The changes in this operational guide are only to be implemented for participants impacted by COVID-19. Participants may be impacted due to staffing shortages, a COVID-19 diagnosis for the participant or a participant's housemate or caregiver, and closures of service locations (residential homes, Day Habilitation service locations, etc.). Requirements in the current approved waiver must be followed for any requirement not listed in this guide.

IV. Effective Dates

Changes detailed in this operational guide related to ODP's approved Appendix K submissions are in effect for 6 months after the federal Public Health Emergency has ended. Services which were changed as a result of the impact of the COVID-19 pandemic will revert back to the levels included in the Individual Support Plan (ISP) prior to the COVID-19 pandemic and will not be subject to fair hearing and appeal requirements.

Guidance for Determining Whether Appendix K Applies

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

- What change occurred for the participant as a result of COVID-19?
- Was the participant receiving Day Habilitation services in a licensed facility that reduced capacity or closed?
- Was the participant diagnosed with COVID-19 and additional services are required in their home during quarantine versus other settings where the participant would normally receive services? For example, if a participant usually receives Supported Employment at their place of employment, do they need different services during quarantine in their private home such as Community Support since they cannot go to their place of employment?
- Was the participant's caregiver or a person with who the participant lives diagnosed (presumptive or confirmed) with COVID-19?
- Was the participant's direct support professional (DSP) diagnosed (presumptive or confirmed) with COVID-19?
- Is the participant's DSP isolating at home or quarantined due to exposure to someone diagnosed (presumptive or confirmed) with COVID-19?

- Is the participant's DSP 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?
- Is the participant's DSP unable to render services due to caring for a family member diagnosed with COVID-19?
- 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?
- Is the participant's family refusing to allow DSPs into their home as part of social distancing?
- Is the change requested covered in this operational guide? If not, please contact the Regional Office Representative in ODP's Bureau of Support for Autism and Special Populations.

Waiver Reference: Appendix B-6-f
Process for Level of Care
1. Level of care recertification can be extended from 365 days of the initial evaluation and subsequent anniversary dates to 18 months from initial evaluations and subsequent anniversary dates.
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1. No additional guidance.

Waiver Reference: Appendix C-1/C-3
Career Planning – Service Definition and/or Limits
<ol style="list-style-type: none"> Expand Career Planning to include assisting participants in applying for unemployment benefits when they have lost their jobs. Career Planning services may be provided using remote/telephone support when this type of support meets the health and safety needs of the participant.
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<ol style="list-style-type: none"> Career Planning providers can bill for assisting participants with applying for unemployment benefits using whatever component of Career Planning is authorized on the participant’s ISP. An individual’s re-engagement in employment and the support necessary to allow the individual to return to work should be established by using the ODP Individual Transition Guide. Career Planning services may be provided remotely when all of the following are met: <ul style="list-style-type: none"> The participant has agreed to receive remote services and the ISP team has determined that remote service will meet the health and safety needs of the participant. The technology used complies with Health Insurance Portability and Accountability Act (HIPAA) requirements. The remote service includes a component of skill building for use of technology so that in the long-term the participant can use technology independently or with minimal support when working remotely, if required by the participant’s employer. Direct services may only be billed if the DSP was actively engaged with the participant via technology or over the telephone. Providers can continue to bill indirect Career Planning services as currently approved in the waiver.

Waiver Reference: Appendix C-1/C-3
Day Habilitation – Service Definitions and/or Limits
<ol style="list-style-type: none"> The requirement to provide services in community locations a minimum of 25% of participant time in service is suspended. Day Habilitation may be provided in private homes. Day Habilitation may be provided using remote/telephonic support when this type of support meets the health and safety needs of the participant.

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

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

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1. No changes need to be made to the ISP to implement the suspension of the requirement that participants be given the choice to spend 25% of their time in community locations. The Waiver Variance form does not need to be completed when the 25% threshold is not achieved. While the amount of time that participants spend in the community may be impacted by the COVID-19 pandemic, providers are required to offer participants opportunities to spend time in the community consistent with their preferences, choices, and interests.
2. ODP encourages Day Habilitation providers to continue to support participants in their homes and community locations in accordance with the individual’s preferences and services identified by the participant and ISP team.

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

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

Day Habilitation provided in a private home may require a change to the ISP to identify the billing procedure codes with the accurate staff to participant ratio.
3. Day Habilitation services may be provided using remote technology when all of the following are met:
 - The participant has agreed to receive remote service and the ISP team has determined that remote service will meet the health and safety needs of the participant.
 - The technology used complies with HIPAA requirements.

- The remote service 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 DSPs are actively engaging with participants to deliver the service via technology or over the telephone. ISPs should include, and the services billed for should reflect, procedure codes that correspond with the staff to participant ratio for participants receiving services remotely.

4. Effective July 1, 2020, direct, in-person Day Habilitation may be provided in a setting owned, leased or operated by a provider of other ODP services, excluding Personal Care Homes and homes where Residential Habilitation (Community Home) is provided. If Day Habilitation services are provided to 4 or more people in a premise that is owned, rented, or leased and operated by the provider, licensure may be required. Licensure may also be required if the Day Habilitation services include providing rehabilitative, habilitative or handicapped employment, or employment training to 1 or more people in a setting that is owned, leased, or operated by the provider. Please contact the ODP Regulatory Administration Unit at RA-PW6100REGADMIN@pa.gov for guidance about licensure if either of the above scenarios apply.
5. Effective July 1, 2020, a participant receiving Residential Habilitation can receive Day Habilitation services remotely for a maximum of 10 hours per week when all criteria for remote service delivery outlined above are met. In-person Day Habilitation may not be billed when provided in Residential Habilitation (Community Homes). When Day Habilitation is provided remotely, a provider can render both Day Habilitation and Residential Habilitation (Community Home) to a participant. Procedure codes and billing for remote Day Habilitation must reflect the accurate participant to staff ratio for the number of participants receiving remote services by a Day Habilitation staff person. Day Habilitation services delivered remotely to an individual receiving Residential Habilitation does not violate § 6400.189(b), which states “Day services shall be provided at a location other than the residential home where the individual lives.”

NOTIFICATION REQUIREMENT FOR 1 THROUGH 5:



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

General Guidance



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

Note: Any individual who begins receiving services at a Day Habilitation facility on or after July 1, 2021 will be considered a new admission.

ODP acknowledges that viewing individuals whose Day Habilitation facility services were suspended due to COVID-19, such that the individuals were never discharged, as “new admissions” can be challenging. However, many of these individuals have not received Day Habilitation services in a facility for over a year. It is highly possible that individuals will not recall their rights, fire safety procedures, etc. Also, individuals’ needs may have changed over the past year, and therefore, a new assessment of those needs is essential to providing safe and effective services. For this reason, all of the requirements relating to admission practices must be followed for individuals who begin receiving services on or after July 1, 2021 even if the individual was never discharged from services. Individuals do not have to be discharged and readmitted for the provider to be deemed compliant with regulatory requirements. ODP analyzed the impacted regulations that are to be reinstated and has determined that compliance can be achieved with minimal administrative burden, which also protects participants’ health and safety and human rights.

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



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

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

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

Additional allowable activities include:

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

The following additional planning and coordination activities are allowable to support the outcomes and activities included above:

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

- Developing and scheduling of cohorts of participants and staff for activities while minimizing risk of exposure to COVID-19.

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

Providers who have questions about meeting regulatory requirements as a result of the COVID-19 pandemic are encouraged to reach out to ODP’s Regulatory Administration Unit at PW6100REGADMIN@pa.gov for technical assistance, which may include requesting a regulatory waiver.

Waiver Reference: Appendix C-1/C-3

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

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

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

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



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

General Guidance



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.

Waiver Reference: Appendix C-1/C-3

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

1. Service can be provided in licensed or unlicensed settings.
2. Service definition limitations on the number of people of served in each home may be exceeded.
3. Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodate use of other sites as quarantine sites.
4. Prior written authorization through the use of the Residential Habilitation Request Form is suspended.
5. Each participant's right to choose with whom they share a bedroom is temporarily suspended. The modification of this right is not required to be justified in the ISP.
6. Residential Habilitation services may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP.
7. Minimum staffing ratios as required by licensure, service definition, and individual plan may be exceeded due to staffing shortages.
8. Participants that require hospitalization due to a diagnosis of COVID-19 may receive Residential Habilitation in a hospital setting when the participant requires these services for communication, behavioral stabilization, and/or intensive personal care needs. Effective July 1, 2020, the guidance in the section title Waiver services Delivered During Hospitalization must be followed when services are rendered while a participant is hospitalized.
9. Residential Habilitation (Community Home) can be provided in licensed vocational facilities and adult training facilities that are currently closed/not in use when needed for quarantine purposes and the provider is unable to safely quarantine the participant(s) in their home(s). Facilities must include full bathroom facilities and be appropriate to accommodate all infection control protocols. Use of licensed vocational and adult training facilities is permissible only for the length of time a participant is required to be quarantined as outlined in the most current guidance from the Department of Health (DOH) and/or the Centers for Disease Control and Prevention (CDC).
10. Residential Habilitation (Community Home) can be provided in an unlicensed private home of Residential Habilitation staff. The current authorized Residential Habilitation provider is responsible for ensuring the service is delivered and billed in accordance with the ISP.
11. Residential Habilitation (Community Home) is permitted to be temporarily provided in licensed residential homes located on a campus setting for quarantine purposes when the provider is unable to

safely quarantine the participant(s) in their home(s). Use of licensed residential homes on a campus is permissible only for the length of time a participant is required to be quarantined as outlined in the most current guidance from the DOH and/or the CDC.

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1. Providers enrolled in the Consolidated or Community Living waivers to provide Residential Habilitation and Life Sharing can enroll in the Adult Autism Waiver to provide these services in either *licensed* or *unlicensed* settings. To enroll in the AAW, contact the AAW Provider Enrollment Mailbox at ra-pwbasprovenroll@pa.gov to be provided with instruction on an expedited enrollment process.
- 2 & 3: For Residential Habilitation (Community Homes), the number of people receiving services in each licensed or unlicensed home may not exceed 8 or the capacity listed on the certificate of occupancy, whichever number is lower. For Life Sharing, the number of people receiving Life Sharing services may not exceed 2 people.

Temporary co-locations of individuals when there are insufficient staff to serve individuals at multiple homes resulting directly or indirectly from COVID-19, e.g. staff are sick, quarantined, caring for relatives, etc. or if there are insufficient staff to meet individuals' needs at other locations due to an inadequate staffing resources are not considered violations of 55 Pa Code § 6400.13 or 6500.14.

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

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

 NOTIFICATION REQUIREMENT: Before adding Residential Habilitation, including Life Sharing, to a participant's ISP, the Supports Coordinator should contact the Regional Office Representative of ODP's Bureau of Supports for Autism and Special Populations, except in emergency situations where a participant's health and safety is at risk. Notification to ODP's Bureau of Supports for Autism and Special Populations in these circumstances must be done as soon as possible.

5. When increasing the number of people served in a home, accommodations should be as comfortable and dignified as possible. While each participant's right to choose with whom they share a bedroom is temporarily suspended, providers are still encouraged to help participants exercise their rights to the fullest extent possible. Providers are responsible for talking with each participant who will be required to share a bedroom to discuss their concerns, how privacy will be afforded, and how choices will be negotiated. Requests such as sharing a bedroom with someone of the same sex must be honored. An unrelated child and adult may not share a bedroom. If the temporary sharing of a bedroom is needed to enable the provider to follow CDC guidance for quarantine or isolation or in response to staff shortages due to staff outbreaks or exposures, a request for a waiver of 55 Pa. Code Chapter 6400.32(p) is not required.

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

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

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

7. 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 should focus on the reason why supports are needed, not the number of hours and staff.



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

8. Effective July 1, 2020, the guidance in the section titled Waiver Services Delivered During Hospitalization must be followed when services are rendered while a participant is hospitalized. When services will be provided during the hospitalization of a participant, the provider can continue to bill the Residential Habilitation service as long as a minimum of 8 hours of non-continuous care is rendered within a 24-hour period beginning at 12:00 a.m. and ending at 11:59 p.m.



DOCUMENTATION REQUIREMENT: Providers must complete service notes 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.

9. This provision applies to Residential Habilitation Community Homes only. The Residential Habilitation provider must contact ODP's Bureau of Supports for Autism and Special Populations prior to providing Residential Habilitation services for quarantine purposes in licensed vocational facilities or adult training facilities that are currently closed or not in use.
10. A participant may relocate to the private residence of a Residential Habilitation (Community Home) staff person if the participant, their ISP team, staff person, and the provider are in agreement with the relocation. When a relative is hired by a Residential Habilitation provider to provide the service in the relative's own private home, the relative is considered a Residential Habilitation (Community Home) staff person. Residential Habilitation (Community Home) staff may also render services in the private home of a relative of the participant if all parties agree. In all scenarios, the current authorized Residential Habilitation provider is responsible for ensuring the service is delivered and billed in accordance with the ISP, including ensuring that the threshold for billing a day unit is met.

11. This requirement became effective on July 1, 2020. For providers that established space or vacant homes, the provider is responsible for maintaining physical quarantine or isolation areas in case of another outbreak of COVID-19.



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

General Guidance



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

- Providers may diverge from the staffing requirements in the ISP when there are not enough staff to meet the needs specified in the individuals' plans and the staffing shortage is related directly or indirectly to COVID-19, e.g., staff are sick, quarantined, caring for relatives, etc. or if there are not enough staff to meet individuals' needs at other locations due to inadequate staffing resources.
- Staffing levels may not be reduced to a level that results in an imminent risk of harm to one or more individuals at any time.
- Sufficient staff to meet the individuals' needs as specified in the ISP must be on duty as soon as the provider can secure such staff.
- Prohibiting/restricting visitation outside of applicable CMS or CDC guidance is not allowable but requiring residents and visitors to adhere to reasonable infection control procedures is allowed.
- Providers who have questions about meeting regulatory requirements as a result of the COVID-19 pandemic are encouraged to reach out to ODP's Regulatory Administration Unit at PW6100REGADMIN@pa.gov for technical assistance, which may include requesting a regulatory waiver.
- Providers and Supports Coordinators should plan for the return of participants who were relocated during the COVID-19 pandemic 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.

Waiver Reference: Appendix C-1/C-3

Respite – Service Definition and/or Limits

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

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



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

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



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



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

3. & 4. No additional guidance.

Waiver Reference: Appendix C-1/C-3

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

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

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

Services may only be billed if the Behavioral Specialist or Systematic Skill Builder was actively engaged with the participant via technology or over the telephone. Providers can continue to bill consultative Behavioral Specialist and Systematic Skill Building as currently approved in the waiver.



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

2. Effective July 1, 2020, the guidance in the section titled Waiver Services Delivered During Hospitalization must be followed when services are rendered while a participant is hospitalized.



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

Waiver Reference: Appendix C-1/C-3

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

1. Community Support, when provided alone or in combination with Day Habilitation, Small Group Employment, and Supported Employment may be provided in excess of 50 hours per week without requesting an exception in order to meet the health and safety needs of participants.
2. Direct Community Support may be provided using remote technology or the telephone when this type of support meets the health and safety needs of the participant, including behavioral health needs.
3. Participants that require hospitalization due to a diagnosis of COVID-19 may receive Community Support in a hospital setting when the participant requires these services for communication, behavioral stabilization and/or intensive personal care needs. Effective July 1, 2020, the guidance in the section titled Waiver Services Delivered During Hospitalization must be followed when services are rendered while a participant is hospitalized.

Appendix K Operational Guidance



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

2. Community Support services may be provided using remote technology when all of the following criteria 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.
 - 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 became effective on October 28, 2020 upon publication of version 2 of the Operational Guide.

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



NOTIFICATION REQUIREMENT: The provider must notify each participant's Supports Coordinator if services need to be added to the ISP or additional units are required to implement remote services. 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 July 1, 2020, the guidance in the section titled Waiver Services Delivered During Hospitalization must be followed when services are rendered while a participant is hospitalized.



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

Waiver Reference: Appendix C-1/C-3

Supported Employment – Service Definition and/or Limits

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

Appendix K Operational Guidance

1. Supported Employment providers can bill for assisting participants with applying for unemployment benefits using whatever component of direct Supported Employment (Intensive Job Coaching or Extended Employment Supports) is authorized on the participant’s ISP.
2. A participant’s re-engagement in employment and the support necessary to allow the participant to return to work should be established by using the ODP Individual Transition Guide. Supported Employment services may be provided using remote technology when all of the following are met:
 - The participant has agreed to receive remote services and the ISP team has determined that remote service will meet the health and safety needs of the participant.
 - The technology used complies with HIPAA requirements.
 - The remote service includes a component of skill building for use of technology so that in the long-term the participant can use technology independently or with minimal support when working remotely, if required by the participant’s employer.

Direct services may only be billed if the DSPs 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 waiver.

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

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

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

Waiver Reference: Appendix C-1/C-3

Supports Coordination – Service Definition and/or Limits

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

Appendix K Operational Guidance

1 & 2. The [guidance](#) provided in ODP's Home and Community Based Services At-A-Glance Levels of Community Transmission Using the Centers for Disease Control and Prevention COVID Data Tracker reissued on October 20, 2021, should be followed regarding individual monitoring and ISP team meetings.

Supports Coordinators should continue to conduct individual wellbeing check-ins. The frequency of the Support Coordinator check-ins should be based on the needs of the individual and/or family. At the beginning of the COVID-19 pandemic, the expectation was that check-ins would take place weekly; however, some individuals and/or families have expressed the need for the calls to take place less frequently or on an as-needed basis.

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

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

Assessments

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

The Periodic Risk Evaluation (PRE) should continue to be completed by the Supports Coordinator or Behavioral Specialist prior to the submission of the ISP.

Waiver Reference: Appendix C-1/C-3

Temporary Supplemental Services - Service Definitions and/or Limits

1. Temporary Supplemental Services can be exceeded beyond 540 hours in a 12-month period to address the increased needs of individuals affected by the pandemic or increased number of individuals served in a service location.
2. Temporary Supplemental Services may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP.
3. Participants that require hospitalization due to a diagnosis of COVID-19 may receive Temporary Supplemental Services in a hospital setting when the participant requires these services for communication, behavioral stabilization and/or intensive personal care needs. Effective July 1, 2020, the guidance in the section titled Waiver Services Delivered During Hospitalization must be followed when services are rendered while a participant is hospitalized.

Appendix K Operational Guidance

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



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

ODP's Bureau of Supports for Autism and Special Populations will review the situation with the Supports Coordinator (and through service notes) on a regular basis to review the continued need for Temporary Supplemental Services.

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

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

3. Effective July 1, 2020, the guidance in the section titled Waiver Services Delivered During Hospitalization must be followed when services are rendered while a participant is hospitalized.



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

Waiver Reference: Appendix C-1/C-3

Therapies (Counseling) – Service Definitions and/or Limits

1. Therapies (counseling) may be provided using remote/tele support when this type of support meets the health and safety needs of the participant, including behavioral health needs.
2. Participants that require hospitalization due to a diagnosis of COVID-19 may receive therapy (counseling) in a hospital setting when the participant requires these services for communication, behavioral stabilization, and/or intensive personal care needs. Effective July 1, 2020, the guidance in the section titled Waiver Services Delivered During Hospitalization must be followed when services are rendered while a participant is hospitalized.

Operational Guidance

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

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



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

2. Effective July 1, 2020, the guidance in the section titled Waiver Services Delivered During Hospitalization must be followed when services are rendered while a participant is hospitalized.



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

Waiver Reference: Appendix C-1/C-3

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

Service Definition:

Shift Nursing is a direct service that can be provided either part-time or full-time in accordance with 49 Pa. Code Chapter 21 (State Board of Nursing) which provides the following service definition for the practice of professional nursing: "Diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, provision of care supportive to or

restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The term does not include acts of medical diagnosis or prescription of medical, therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board."

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

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

This service may be provided at the following levels:

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

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

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

Provider Specifications:

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

Provider Qualifications (Individual Nurse):

Nurses must meet the following standards:

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

Individual nurses must meet the following requirements:

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

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

Provider Qualifications (Nursing Agencies):

Agencies must meet the following standards:

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

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

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

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

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

Appendix K Operational Guidance

Providers enrolled to provide Shift Nursing in the Consolidated, Community Living, or P/FDS waivers can enroll in the Adult Autism Waiver to provide Shift Nursing using an expedited enrollment process. To enroll in the AAW, providers should contact the AAW Provider Enrollment Mailbox at ra-pwbasprounroll@pa.gov to be provided with instruction on an expedited enrollment process.

Shift Nursing may be rendered by relatives or legally responsible individuals who meet the qualifications in the service definition.

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

Determining the need for services:

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

- Does this participant have an unstable airway that without immediate intervention could cause respiratory arrest (stop breathing)?
- Does this participant need clinical treatment that either requires the presence of a nurse or that can be taught to a lay person and monitored by a nurse?

- Does this participant have someone supporting him or her that can be taught treatment techniques and maintain equipment in a home program?
- Can care be safely and effectively administered in the home setting and life-supporting equipment be managed?

Shift Nursing services may only be funded through the waiver if documentation is secured by the SC that shows the service is medically necessary. The participant must be in need of support that that can only be provided by a registered nurse or licensed practical nurse. For more information on support that can be provided without a nurse, please refer to the Pennsylvania Department of Health’s guidance regarding non-skilled services/activities that can be performed by direct care workers at

<https://www.health.pa.gov/topics/Documents/Facilities%20and%20Licensing/HCAGuidance.pdf>

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

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



DOCUMENTATION REQUIREMENTS:

- An evaluation indicating the need for nursing services, specifying the need for services by a licensed registered nurse (RN) or a licensed practical nurse (LPN).
- Documentation, including the most recent nursing care plan, from the nursing service provider to confirm that nursing care continues to be appropriate.
- An emergency action and transportation plan consistent with the participant’s condition.
- Documentation that the nursing service is not covered by the participant’s insurance.
 - **Participants whose *only* form of insurance is Medical Assistance:** Adults are not entitled to private duty nursing/shift nursing through the Medical Assistance program’s fee-for-service or managed care delivery systems. The Medical Assistance Program’s Adult Benefit Package Chart indicates that home health care is the only service available in the individual’s home with a nursing and/or therapy component. This chart is available at the end of OMAP Bulletin 99-15-05 which can be accessed at https://www.dhs.pa.gov/docs/Publications/Documents/FORMS AND PUBS OMAP/c_172249.pdf. This chart should be printed and kept in each participant’s file as documentation that private duty nursing/shift nursing is not available.
 - **Participants who have private insurance (in addition to Medical Assistance):** The SC and/or individual or family member should contact the private insurance to determine if this service is

covered. The SC must document in a service note the name of the insurance carrier, the name of the person spoken to, and confirmation of one of the following:

- The nursing service is not covered by the participant's insurance;
- Nursing services have been denied by the insurance carrier; or
- Insurance limitations for nursing services have been reached.

Lack of coverage for services and denials in writing must be requested from the insurance carrier, but the service can be added to the ISP and authorized with the verbal confirmation alone. When insurance carriers decline to provide written documentation, ODP will also accept one of the following (in addition to the verbal confirmation):

- A copy of the policy or some other written statement documenting that the service, item, or amount requested exceeds the allowable service limit or that the service is not covered.
- Written confirmation of information received verbally from an insurance carrier that is sent to the insurance carrier, identifies the item or service in question, and requests that the insurance carrier advise the writer of any inaccuracy.

Waiver Reference: Appendix C-1/C-3

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

Service Definition:

Specialized Supplies consist of supplies that are not covered through the MA State Plan, Medicare, or private insurance. Supplies are limited to the following items for participants: personal protective equipment (gloves, respirators, surgical masks, gowns, goggles, alcohol-based hand rub, etc.), cloth masks, face shields, Pulseox monitors, and thermometers.

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

Participants authorized to receive Specialized Supplies may not be authorized to receive Residential Habilitation, including Life Sharing.

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

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

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

Provider Specifications:

Specialized Supplies can be provided by a supplier agency.

Provider Qualifications:

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (A company that the provider secures the item(s) from can be located anywhere.)
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Comply with Department standards related to provider qualifications.

Appendix K Operational Guidance

Specialized Supplies include the following:

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

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

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

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

<i>Waiver Service</i>	<i>Unit</i>	<i>Provider Type</i>	<i>Provider Specialty</i>	<i>Procedure Code</i>
Specialized Supplies	Item	55	553	W6089

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

Transportation

General Guidance



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

Transportation services may be provided to access the community consistent with current guidance from the CDC, Pennsylvania DOH, the Department of Human Services, including ODP and consistent with the plan established by using the ODP Individual Transition Guide. Providers and ISP teams should consider the following factors to make case-by-case decisions:

- Whether all the passengers live together, have been grouped for regular daily contact with one another and/or have been vaccinated (if known).
- Each passenger's tolerance for wearing a mask while in the vehicle in accordance with current guidance from the CDC and/or the Pennsylvania DOH.

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

Waiver Services Delivered During Hospitalization

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; and
- Not be a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement. Services can assist participants with communication, intensive personal care, and/or behavioral support as enumerated in the behavior support plan.

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

- Temporary Supplemental Services
- Residential Habilitation

- Counseling (Therapies)
- Specialized Skill Development
- Supports Coordination. This includes locating, coordinating, and monitoring needed services and supports when a participant is hospitalized.

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

Appendix K Operational Guidance

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.

Waiver Services Must Be Included in the ISP

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

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

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

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

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

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

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

- Assisting the participant to eat, drink, toilet, and brush their teeth or hair. This includes communicating with hospital staff about food preferences and ensuring that food is presented in the way preferred by the participant.
- Communicating with hospital staff about how the participant prefers to have medications administered and if these preferences can be accommodated by hospital staff.

- Assisting the participant with activities that the participant finds soothing or enjoyable such as reading, listening to music or audio books, talking or video chatting with family and friends, playing games on portable electronic devices, or watching movies or television.
- Monitoring the participant to ensure the participant follows medical orders and treatment instructions. For example, ensuring the participant does not get out of bed alone when the participant is at increased risk of a fall or injury.

Waiver Reference: Appendix C-1/C-3

Provider Qualifications

To allow for redeployment of direct support and clinical staff to needed service settings, staff qualified under any service definition in the Adult Autism 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. The following services are not included: Supports Coordination, Therapies, Behavioral Specialist Services and Systematic Skill Building components of Specialized Skill Development, Nutritional Consultation, Family Support, and Shift Nursing.

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

Appendix K Operational Guidance

Each waiver service definition includes a list of qualifications staff must meet to render the service. Staff must qualify for each service they are going to render. To allow redeployment of direct support and clinical staff to provide services where they are most needed during the COVID-19 pandemic, staff persons that meet the qualifications for any one waiver service may render any other service, even if the qualifications are different, except for services that require specific training, education, certification, or professional licensure.

Providers must ensure that staff receive training on each participant's ISP, to whom staff will render services, including the Behavioral Support Plan and Crisis Intervention Plan. The training must include, at a minimum, the participant's specific abilities and needs in areas of:

- Communication
- Mobility
- Behavior support
- Eating/Feeding.

Additionally, staff must take the ODP's Fatal Four: Understanding the Health Risks of Four Common Conditions training at <https://www.myodp.org/course/view.php?id=1342>.

Providers should continue to follow the guidance in ODP Announcement [21-060](#) regarding annual training in 55 Pa. Code §§2380.39, 2390.49, 6100.143, 6400.52, and 6500.48.

Providers are responsible for determining whether staff meet the qualifications to render a waiver service. Under normal conditions, if a staff person is employed by multiple providers to render a waiver service, each provider is responsible for verifying that the staff person is qualified to render the service. However, in order

to ensure that there are enough staff to meet individuals' needs during the COVID-19 pandemic, only one provider must verify that a staff person is qualified.

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

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 staff person is "qualified to render any waiver service except those that require specific training, education, certification, or professional licensure as specified in the ODP Operational Guide."

Providers that elect to issue such letters may do so in a manner of their choosing (e.g. issuing the letter to all staff simultaneously, issuing the letter upon a request, etc.).

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.



DOCUMENTATION REQUIREMENT: Providers must continue to document all training completed by staff, contractors, or consultants.

Waiver Reference: Appendix C-2

Payment to Family Members

The limitation for a family member to deliver services no more than 40 hours in a seven-day period will be extended to 60 hours in a seven-day period.

Operational Guidance



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

Waiver Reference: Appendix D

Participant-Centered Planning and Service Delivery

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 ISPs will suffice as authorization. Upon

validation that a verbal or email approval was provided for requested changes, ODP may backdate authorizations in HCSIS for waiver services provided during the period of time specified in Appendix K.

2. 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, the participant's designee if applicable, and service providers, in accordance with HIPAA requirements. Services may start once they are authorized by the Bureau of Supports for Autism and Special Populations while waiting for signatures to be returned to the Supports Coordinator, whether electronically or by mail. Signatures will include a date reflecting the ISP meeting date.

Operational Guidance

1. NOTIFICATION REQUIREMENT



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



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

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

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

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

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

Waiver Reference: Appendix G

Participant Safeguards – Incident Management

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

In accordance with ODP Announcement [20-114](#), providers may elect to use the Modified Medication Administration course in lieu of the standard medication administration course.

General Guidance



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

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 will respond to inquiries and situations regarding face coverings on a case-by-case basis. DSPs should continue to wear a mask because they are considered healthcare personnel for the purposes of DOH COVID-19 guidance. The CDC continues to recommend universal masking for all DSPs.

Frequently Asked Questions

[FAQ for ODP Requirements During COVID-19 \(11/13/20\)](#)