OFFICE OF DEVELOPMENTAL PROGRAMS: OPERATIONAL GUIDE

For the Intellectual Disability/Autism Waivers During the Federal COVID-19 Public Health Emergency

Version 3.0

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Appendix K

General Guidance

pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF DEVELOPMENTAL PROGRAMS

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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 through Pennsylvania's 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, (referred to collectively as the Intellectual Disability/Autism [ID/A] waivers) and the Adult Autism Waiver (AAW).

The Office of Developmental Programs has created a Coronavirus (COVID-19) Updates webpage for stakeholders to stay up to date with updates and resources from ODP. This guide is also available on the webpage.

II. Purpose and Usage

This Operational Guide is intended to be a guide for ODP, Administrative Entities (AEs), Supports Coordination Organizations, and Providers (including providers of services rendered under one of the participant-directed services models) to ensure adherence to the conditions of the emergency requirements and provide specific guidance on 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, including services rendered under one of the participant-directed services models, under the three 1915(c) ID/A waivers operated by ODP (P/FDS, Community Living, and Consolidated Waivers) and base funded services. Due to differences in the waivers, a separate operational guide has been developed for the AAW. 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, or closures of service locations (residential homes, Community Participation Support service locations, etc.). Requirements in the current approved ID/A waivers 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 ID/A waivers may only be implemented for participants impacted by COVID-19. The following questions can be utilized to determine whether requests and authorizations are allowed under an approved Appendix K:

- What change occurred for the participant as a result of the COVID-19 pandemic?
- Was the participant receiving Community Participation Support 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 Companion or In-Home and Community Support since they cannot go to their place of employment?

- Was the participant's caregiver or a person with whom 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 your ODP Regional Office.

Waiver Reference: Appendix B-6-f

Process for Level of Care

1. Level of care reevaluation can be extended from 365 days of the initial evaluation and subsequent anniversary dates to 18 months from initial evaluations.

Appendix K Operational Guidance:

1. AEs have an additional six months to complete level of care reevaluations for continued waiver eligibility.

Waiver Reference: Appendix C-1/C-3

Community Participation Support – Service Definitions and/or Limits

1. The requirement to provide services in community locations for a minimum of 25% of participant time in service is suspended.
2. Community Participation Support may be provided in private homes.
3. The requirement that no more than 3 people can be supported at one time in a community location is suspended.
4. Community Participation Support may be provided using remote/telephonic support when this type of support meets the health and safety needs of the participant.
5. Direct in-person Community Participation Support 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 is provided.
6. Remote Community Participation Support is allowed to be provided for participants receiving Residential Habilitation when all of the following conditions are met:
    - The participant chooses to receive remote Community Participation Support. The service cannot be provided solely for the convenience of the Residential Habilitation provider;
    - The ISP team has discussed and concurred, and the ISP reflects that the service to be provided remotely supports the participant's preferences and needs;
    - The remote service meets Health Insurance Portability and Accountability Act (HIPAA) requirements;
    - The remote service includes a component of skill building for use of technology so that, in the long term, participants can use technology independently or with minimal support to continue 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 Community Participation Support facility or friends met through the Community Participation Support service. When supporting personal relationships, the remote service must be part of a larger plan for participants to connect in community settings.

When remote Community Participation Support meets these criteria, a maximum of 10 hours per week of remote Community Participation Support services may be authorized/billed on the ISP.

Appendix K Operational Guidance:

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 Community Participation Support providers to continue to support participants in their homes and community locations in accordance with the participant's preferences and services identified by the participant and ISP team.

   Community Participation Support may be provided in-person or remotely in the following private homes:
   - Homes owned, rented or leased by the participant, the participant's family, or friends. This includes homes where Supported Living is provided.
   - Licensed and unlicensed Life Sharing homes.

   Community Participation Support provided in a private home listed above can be billed using community procedure codes that reflect the accurate staff to individual ratio. If in-person or remote services are provided by 1 staff to more than 3 individuals, facility procedure codes must be utilized. Community Participation Support is not billable when rendered in a home not listed above, such as the home of the Community Participation Support staff person.

3. Up to 6 people may be supported in a community location if needed to allow the same staff person to support the same participants in a group (referred to as a cohort) each day. ISP changes are not required to support more than 3 people in a community location when changes in staff ratios are not requested. For example, if 1:3 community procedure codes are already authorized on the participants' ISPs, and two groups of 3 participants go to a community location together with 2 staff (1 staff for each group of 3 participants), a change to the ISP is not needed.

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

5. Effective July 1, 2020, direct, in-person Community Participation Support may be provided in a setting owned, leased, or operated by a provider of other ODP services, excluding Personal Care Homes and homes where Residential Habilitation is provided. If Community Participation Support services are provided to 4 or more people in a location that is owned, rented, or leased and operated by the provider, licensure may be required. Licensure may also be required if the Community Participation Support service includes providing rehabilitative, habilitative, or handicapped employment or employment training to 1 or more people in a setting that is owned, rented, or leased and operated by the provider. Please contact the ODP Regulatory Administration Unit at RA-PW6100REGADMIN@pa.gov for guidance about licensure if either of the above scenarios apply.

6. Effective July 1, 2020, a participant receiving Residential Habilitation can receive Community Participation Support services remotely for a maximum of 10 hours per week when all criteria for remote service delivery outlined above are met. In-person Community Participation Support may not be billed when provided in Residential Habilitation homes. When Community Participation Support is provided remotely, a provider can render both Community Participation Support and Residential Habilitation to a participant. Procedure codes and billing for remote Community Participation Support must reflect the accurate individual to staff ratio for the number of individuals receiving remote services by a Community Participation Support staff person. Community Participation Support services delivered remotely to an individual receiving Residential Habilitation services does not violate 55 Pa. Code § 6400.189(b), which requires day services to be provided at a location other than the residential home where the individual lives.

NOTIFICATION REQUIREMENT FOR 1 THROUGH 6:
The provider must notify each participant's SC if the provider implements any of the requirements listed above and a change to currently authorized staffing ratios or the addition of units of community procedure codes is needed. The provider must inform the SC when services will start, which cannot be before the effective dates outlined in this operational guide.

General Guidance

General Guidance for the Provision of Community Participation Support Services in Licensed Facilities During the COVID-19 Pandemic:

Any individual who begins receiving services at a Community Participation Support facility on or after July 1, 2021 will be considered a new admission. ODP acknowledges that viewing

individuals whose Community Participation Support 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 Community Participation Support services in a facility for more than a year. It is highly possible that these individuals will not recall their rights, fire safety procedures, and information about working hours, benefits, 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. The exception is 55 Pa. Code § 2390.111 (relating to admission decision). 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 Community Participation Support Services During the COVID-19 Pandemic:

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

During the pandemic, Community Participation Support services can be used to support the following outcomes/goals:

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

Additional allowable activities include:

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

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

Effective July 1, 2020, planning and coordination activities are limited to 1040 units per participant per fiscal year and can be billed at the facility staffing ratio where the fewest individuals are supported by a staff person that is authorized in the participant's ISP (including 1:1 but excluding 2:1). For participants who solely have authorizations for Community Participation Support community procedure codes (their ISPs contain no authorizations for Community Participation Support facility procedure codes), planning and coordination activities can be billed using the community staffing ratio where the fewest individuals are supported by a staff person that is authorized in the participant's ISP (including 1:1 but excluding 2:1).

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

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

Providers 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.

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

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

2. Maximum number of individuals (Approved Program Capacity) served in a service location may be exceeded to address staffing shortages or accommodate use of other sites as quarantine sites.

3. Each participant's right to choose with whom they share a bedroom is temporarily suspended. The modification of this right is not required to be justified in the ISP.

4. Shift Nursing may be provided as a discrete service during the provision of Residential Habilitation, Life Sharing, and Supported Living services to ensure participant health and safety needs can be met.

5. Supplemental Habilitation can be provided without completing the Waiver Variance Form during the provision of licensed Residential Habilitation, licensed Life Sharing, and Supported Living services to address the increased needs of individuals affected by the pandemic or increased number of individuals served in a service location. Supplemental Habilitation may be used to supplement staffing in the residential home itself or support a participant while the participant stays in the home of friends, staff, or family.

6. Residential Habilitation, Supported Living, or Supplemental Habilitation services may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP.

7. Minimum staffing ratios as required by licensure, service definition, and individual plan may be exceeded due to staffing shortages.

8. Residential Habilitation can be provided in licensed vocational facilities and adult training facilities that are currently closed/not in use when needed for quarantine purposes and the provider is unable to safely quarantine the participant(s) in their home(s). Facilities must include full bathroom facilities and be appropriate to accommodate all infection control protocols. Use of licensed vocational and adult training facilities is permissible only for the length of time a participant is required to be quarantined as outlined in the most current guidance from the Department of Health (DOH) and/or the Centers for Disease Control and Prevention (CDC).

9. Residential Habilitation can be provided in the unlicensed private home of Residential Habilitation staff. The current authorized Residential Habilitation provider is responsible for ensuring the service is delivered and billed in accordance with the ISP.

10. Residential Habilitation is permitted to be temporarily provided in licensed residential homes located on a campus setting for quarantine purposes when the provider is unable to safely quarantine the participant(s) in their home(s). Use of licensed residential homes on a campus is permissible only for the length of time a participant is required to be quarantined as outlined in the most current guidance from the DOH and/or the CDC.

Appendix K Operational Guidance:

1 & 2: For Residential Habilitation, the number of people receiving services in each licensed or unlicensed home may not exceed 8 or the capacity listed on the certificate of occupancy, whichever number is lower. For Life Sharing, the number of people receiving Life Sharing services may not exceed 2 people. For Supported Living, the number of people receiving Supported Living may not exceed 3 people.

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 inadequate staffing resources are not considered a violation of 55 Pa Code §§ 6400.13 or 6500.14.

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

Providers should continue to follow the guidance in ODP Announcement 19-138 regarding APC when rendering Residential Habilitation in a new home or when individuals are relocated to another home for more than 30 days (including permanent relocations). Changes to APC do not need to be requested when individuals are relocated for 30 or fewer days.

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

NOTIFICATION REQUIREMENT:
Providers must notify a participant's SC when there is a plan to move a participant to another home or when a participant must be relocated because of an emergency. The SC will then notify the participant's AE to confirm that there are no concerns about the relocation.

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

exercise their rights to the fullest extent possible. Providers are responsible for talking with each individual who will be required to share a bedroom to discuss their concerns, how privacy will be afforded, and how choices will be negotiated. Requests such as sharing a bedroom with someone of the same sex must be honored. An unrelated child and adult may not share a bedroom. 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 § 6400.32(p) is not required. This guidance does not apply to Life Sharing and Supported Living homes that are owned, leased or rented by the participant as the participant must be given the right to determine who will live in their home.

4. Shift Nursing may be authorized as a service for participants receiving Residential Habilitation, Life Sharing, or Supported Living when the following occurs:
    - The provider's current nurse is diagnosed with COVID-19 and the provider has been unable to contract with a nurse from an agency to fill the role; or
    - Due to multiple participants being diagnosed with COVID-19, additional nurses are needed to meet the health and safety needs of participants in the home.

    The Shift Nursing provider may be the residential provider if all the following occur:
    - Multiple individuals have been diagnosed with COVID-19;
    - The nurse that the residential provider currently employs or has contracted with cannot keep up with the increased demand of individuals being treated for COVID-19; and
    - The residential provider is able to employ or contract with additional nurses to meet the temporary need for increased nursing services.

5. Per current waiver requirements, the Waiver Variance Form is not required to be completed for the first 90 days that Supplemental Habilitation is authorized and rendered. The requirement to complete the Waiver Variance Form for Supplemental Habilitation beyond 90 days is also suspended.

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

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

Supplemental Habilitation can be authorized in the Life Sharing home in accordance with Appendix K for the following reasons:
- To replace Community Participation Support that was authorized prior to the COVID-19 emergency;
- If needed by a participant who has lost employment due to COVID-19; or
- To support a participant diagnosed (presumptive or confirmed) with COVID-19 who

requires additional staff support at a 1:1 or 2:1 ratio.

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

Guidance regarding Supplemental Habilitation rendered while a participant is hospitalized in the section titled Waiver Services Delivered During Hospitalization must be followed. Requests for Supplemental Habilitation for purposes related to COVID-19 impacts that are not outlined in this operational guide must be referred to the appropriate ODP Regional Office for review.

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

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

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

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

NOTIFICATION REQUIREMENT FOR 4 THROUGH 6:
Providers must inform each participant's SC that Shift Nursing or Supplemental Habilitation should be added to the ISP. The provider must inform the SC when Shift Nursing or Supplemental Habilitation services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.

7. Regarding staffing ratios, ODP continues to encourage ISP teams to use person-centered thinking skills to discuss each participant's risk factors and ways to mitigate those risks, including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation should focus on the reason why supports are needed, not the number of hours and staff. More information about residential

staffing ratios, including webinars and other resources, can be found at:

- Residential ISP Staffing: It's about the Person, Not the Numbers: https://www.myodp.org/course/view.php?id=1513
- Addressing Day to Day Risks with the Team: https://www.myodp.org/course/view.php?id=404

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

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

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.

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

8. The Residential Habilitation provider must contact the Administrative Entity and ODP Regional Office prior to providing Residential Habilitation services for quarantine purposes in licensed vocational facilities or adult training facilities that are currently closed or not in use.

9. A participant may relocate to the private residence of a Residential Habilitation staff person if the participant, their ISP team, staff person, and the provider are in agreement with the relocation. When a relative is hired by a Residential Habilitation provider to provide the service in the relative's own private home, the relative is considered a Residential Habilitation staff person. Residential Habilitation staff may also render services in the private home of a relative of the participant if all parties agree. In all scenarios, the current authorized Residential Habilitation provider is responsible for ensuring the service is delivered and billed in accordance with the ISP, including ensuring that the threshold for billing a day unit is met.

10. 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 SC when there is a plan to move the participant to another home or a participant must be relocated because of an emergency. The SC will then

notify the participant's AE to confirm that there are no concerns about the relocation.

General Guidance

General Guidance for the Provision of Residential Habilitation and Life Sharing 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.

General Guidance for the Provision of Residential Habilitation and Life Sharing During the COVID-19 Pandemic

Providers and SCs 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.

Education Support Services - Service Definitions and/or Limits
1. Allow all components of Education Support to be provided in accordance with any changes the university/college makes for distance/web learning.
Appendix K Operational Guidance
1. Education Support can be used when universities/colleges require students to take classes online or when participants choose to take classes online to mitigate the spread of COVID-19. No changes are necessary to the ISP to implement this.

In-Home and Community Support and/or Companion Services – Service Definitions and/or Limits
1. Direct In-Home and Community Support and/or Companion services may be provided using remote technology or the telephone when this type of support meets the health and safety needs of the participant. 2. Participants that require hospitalization due to a diagnosis of COVID-19 may receive In-Home and Community Support and/or Companion services in a hospital setting when the participant requires these services for communication, behavioral stabilization, and/or intensive personal care needs. Effective July 1, 2020, the guidance in the section titled Waiver Services Delivered During Hospitalization must be followed when services are rendered while a participant is hospitalized. 3. The requirement that multiple relatives can provide no more than 60 hours per week of In-Home and Community Support and/or Companion is suspended.

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1. In-Home and Community Support and/or Companion 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 16, 2020 upon publication of version 2 of the Operational Guide.

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

NOTIFICATION REQUIREMENT: The provider must notify each participant's SC if services need to be added to the ISP or additional units are required to implement remote services . The provider must inform the SC 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, the provider must complete service notes that demonstrate how the service is being used for communication, behavioral stabilization, or intensive personal care needs.

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

3. As outlined in ODP Announcement 20-090, multiple relatives or legal guardians may provide more than 60 hours per week of needed In-Home and Community Support and/or Companion services authorized in the ISP. Any one relative or legal guardian may provide a maximum of 40 hours per week of authorized In-Home and Community Support and/or Companion. Exceptions to the 40-hour limit are allowed as outlined in ODP Announcement 20-090.

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

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

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

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

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

2. Direct Small Group Employment, Therapy Services, Communication Specialist, Music Therapy, Art Therapy, and Consultative Nutritional services may be provided using remote/telephone support when this type of support meets the health and safety needs of the participant.

Appendix K Operational Guidance

1&2. All services should continue to be provided remotely. Face-to-face services may resume when instructions for screening and mask use are followed and one of the following applies:

- The provider has been unable to deliver or effectively deliver the service; or
- The participant or family has expressed a preference for face-to-face services.

Direct Behavioral Support, Supports Broker, Small Group Employment, Therapy Services, Communication Specialist, Music Therapy, Art Therapy, and/or Consultative Nutritional services may be provided remotely when all of the following are met:

- The participant has agreed to receive remote services and the ISP team has determined that remote service meets the health and safety needs of the participant.
- The technology used complies with HIPAA requirements.

- If direct Behavioral Support, Therapy Services, Music Therapy, Art Therapy or Consultative Nutritional services are being provided, the services must be provided by means that allow for two-way, real time interactive communication, such as through audio/video conferencing. The technology used should be capable of clearly presenting sound and image in real-time and without delay. Providers can call participants over the phone as an incidental component of the service to check-in with participants or in emergency circumstances if all other criteria are met.
- The use of remote Behavioral Support is clearly documented in the Behavior Support section of the ISP.

Services may only be billed if the DSP was actively engaged with the participant via technology or over the telephone. Providers can continue to bill indirect Behavioral Support, Supports Broker, Therapy Services, Communication Specialist, or Consultative Nutritional services as currently approved in the ID/A waivers.

NOTIFICATION REQUIREMENT: The provider must notify each participant's SC 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 SC when remote 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.

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.

Appendix K Operational Guidance

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

   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 should continue to be provided remotely. 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 delivery will meet the health and safety needs of the participant.
- The technology used complies with HIPAA requirements.
- The remote service includes a component of skill building for use of technology so that in the long-term the participant can use technology independently or with minimal support when working remotely, if required by the participant's employer.

2. When the Supported Employment provider is not rendering in-person services due to the COVID-19 pandemic, the ISP team can consider using a combination of remote Supported Employment and in-person Companion when all the following are met:
    - The Supported Employment provider will use remote technology to provide guidance and education to the professional rendering Companion services while at the place of employment on how to support the participant in performing the participant's job duties;
    - The participant agrees to receive remote services;
    - The technology used complies with HIPAA requirements;
    - The ISP team has determined that this type of support will meet the health and safety needs of the participant; and
    - The Companion provider agrees to support the participant in this manner.

Direct services may only be billed if the 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 ID/A waivers.

Specialized Supplies – Service Definition and/or Limits

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

Appendix K Operational Guidance

1. Specialized Supplies include the following:
    - PPE:
        - Gloves
        - Respirators
            - Respirators should be requested for the support of a participant who tested positive for COVID-19 or whose health care practitioner directed use of a respirator.
        - Surgical masks
        - Gowns

- Goggles
- Alcohol-based hand sanitizer

- Supplies to mitigate the spread of COVID-19:
  - Cloth masks or clear masks
  - Face shields
  - Pulse oximeters
  - Thermometers, any type that meets the needs of the participant.
    - No more than one thermometer should be requested per participant.
    - If an ear or oral thermometer that requires probe covers is requested, the probe covers are covered through Specialized Supplies.

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

Supports Broker – Service Definition and/or Limits

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

Appendix K Operational Guidance

1. Supports Broker units may be included in the ISP and authorized for up to 2080 units (520 hours) per participant per fiscal year when needed due to the COVID-19 pandemic. Some examples include:
   - Supports Broker services are needed for a participant who is hospitalized to help the managing employer or common law employer ensure that SSPs are trained and scheduled to support the participant's needs while hospitalized and to support a smooth transition of the participant from the hospital to a home and community-based setting.
   - Supports Broker services are needed to help hire, schedule or train additional SSPs to ensure that there are sufficient professionals to provide services should a professional or natural support test positive for COVID-19.
   - Supports Broker services are needed to expand and coordinate informal, unpaid resources and networks within the community to support success with participant direction because the participant's schedule has been disrupted due to the COVID-19 pandemic.

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

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

1. Allow remote/telephone individual monitoring by SCs where there are currently face-to-face requirements.

2. ISP team meetings and plan development may be conducted entirely using telecommunications.

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

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.

SCs should continue to conduct individual wellbeing check-ins. The frequency of the SC 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 SCs to continue individual community reintegration conversations as discussed in ODP Announcement 20-056.

3. Effective July 1, 2020, a Supports Coordination Organization that chooses to become an OHCDS and agrees to provide vendor goods and services must meet or complete all of the following:
   - Render at least one direct waiver service. Supports Coordination Organizations that are qualified and rendering the Supports Coordination service meet this requirement.
   - Enroll as a Provider Type (PT) 55 in PROMISe.
   - Enter the direct waiver service(s) along with the vendor service(s) the Supports Coordination Organization will offer as an OHCDS in HCSIS.
   - Be qualified to provide Supports Coordination services, as well as the vendor service(s) that will be provided and meet all requirements in accordance with Appendix C of the approved ID/A waivers.
   - Ensure that each vendor with which the Supports Coordination Organization contracts meets the applicable provisions of 55 Pa. Code Chapter 6100.
   - Have a written agreement specifying the duties, responsibilities and compensation of each subcontractor.

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

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

Respite – Service Definition and/or Limits

1. Respite limits may be extended beyond 30 days annually without completing the Waiver Variance Form in order to meet the immediate health and safety needs of participants.
2. Respite services may be provided in any setting necessary to ensure the health and safety of participants.
3. Room and board are included in the fee schedule rate for Respite in a licensed Residential Habilitation setting.
4. Room and Board are included in the fee schedule for settings used in response to the emergency.
5. Consolidated Waiver Only – Respite limits may be exceeded beyond 480 15-minute units annually without completing the Waiver Variance Form in order to meet the immediate health and safety needs of the participant.
6. Community Living and P/FDS Waivers Only – Respite limits may be exceeded beyond 1440 15-minute units annually without requesting a variance in order to meet the immediate health and safety needs of the participant.

Appendix K Operational Guidance

1, 5 & 6: The Waiver Variance Form does not need to be completed when a participant requires Respite that exceeds any of the limitations in the current approved ID/A waivers when needed to meet the immediate health and safety needs of the participant.

NOTIFICATION REQUIREMENT: The provider must notify each participant's SC when the

participant needs an increase in the number of units of Respite currently authorized in 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 the provider 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 Respite 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 SC to add the Respite service and/or the service location in the ISP, if it is not already included in the ISP. While the ISP will not reflect the actual location where Respite is provided, the provider must notify the SC where Respite will be provided.

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

3. No additional guidance.
4. No additional guidance.

General Guidance

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

- Respite Camps should follow all current applicable guidance from CMS, the CDC, and DOH.
- Prior to adding the Respite Camp service to the ISP, ISP teams are encouraged to review the Respite Camp's plans, policies or procedures related to COVID-19 mitigation and the risk factors of the participant to assist the participant to make an informed choice about whether to attend the Respite Camp.

Transportation Trip

General Guidance

General Guidance for the Provision of Transportation Trip Services 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

1. Payment will only be made on or after July 1, 2020, when a participant who is enrolled in an ID/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:

   - Residential Habilitation (Supplemental Habilitation only). The Residential Habilitation day rate cannot be billed when the participant is admitted to the hospital.
   - Life Sharing (Supplemental Habilitation only). The Life Sharing day rate cannot be billed when the participant is admitted to the hospital.
   - Supported Living (Supplemental Habilitation only). The Supported Living day rate cannot be billed when the participant is admitted to the hospital.
   - Supplemental Habilitation.
   - In-Home and Community Support.
   - Companion.
   - Behavioral Support.
   - Supports Coordination. This includes locating, coordinating, and monitoring needed services and supports when a participant is hospitalized.
   - Supports Broker can be rendered to help Managing Employers and Common Law Employers ensure that SSPs are trained and scheduled to support the participant's needs while hospitalized and to support a smooth transition of the participant from the hospital to home and community-based settings.

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

Appendix K Operational Guidance

1. ODP Announcement 20-098 provides additional guidance regarding the provision of waiver services when a participant is hospitalized. A hospital is a health care institution that provides medical care and other related services for surgery. Hospital settings do not include psychiatric hospitals, nursing facilities, or rehabilitation facilities.

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

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

   Waiver Services Must Be Included in the ISP
   When a participant is hospitalized, the ISP needs to be updated to include any additional needed services, if applicable, and document which services are being provided in the hospital. To expedite service provision, the AE 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 the participant is hospitalized. LifeCourse tools can be used to facilitate these discussions. SCs should include a general description of this information in the Medical History and/or the General Health and Safety Risks sections of the ISP.

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

   Waiver Services Must Not Be a Substitute for Services that the Hospital is Obligated to Provide
   It is imperative that the provider, DSP and/or SSP talk with hospital staff about the services they will render while the participant is hospitalized to ensure services will not interfere with medical recommendations and treatment.

   Hospitals are obligated to provide interpreter services for participants. Waiver services can be used to support a participant whose communication needs go beyond interpreter services due

to the participant's diagnosis or disability. Some examples include:

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

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

- Assisting the participant to eat, drink, toilet, and brush their teeth or hair. This includes communicating with hospital staff about food preferences and ensuring that food is presented in the way preferred by the participant.
- Communicating with hospital staff about how the participant prefers to have medications administered and if these preferences can be accommodated by hospital staff.
- Assisting the participant with activities that the participant finds soothing or enjoyable such as reading, listening to music or audio books, talking or video chatting with family and friends, playing games on portable electronic devices, or watching movies or television.
- Monitoring the participant to ensure the participant follows medical orders and treatment instructions. For example, ensuring the participant does not get out of bed alone when the participant is at increased risk of a fall or injury.

<u>Provision of Supplemental Habilitation for Participants Who Receive Residential Habilitation</u>
The Waiver Variance Form does not need to be completed for Supplemental Habilitation rendered in the hospital. When residential providers support participants who are hospitalized for more than 30 days, a reduction in APC may be requested until the participant returns home from the hospital.

Provider Qualifications

1. To allow for redeployment of direct support and clinical staff to needed service settings, staff qualified under any service definition in the Consolidated waiver may be used for provision of any service that does not require specific training, education, certification, or professional licensure under another service definition in C-1/C-3. The following services are not included: Supports Coordination, Supported Employment, Therapy Services, Behavioral Support, Consultative Nutritional Services, Music Therapy, Art Therapy, Equine Assisted Therapy, Small Group Employment, Shift Nursing, and enhanced levels of In-Home and Community Support, Community Participation Support, and Respite.

   All staff must receive training on any participant's ISP for whom they are providing support. Training on the ISP must consist of basic health and safety support needs for that participant, including but not limited to the Fatal Four.

Operational Guidance

1. 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 participants' needs during the COVID-19 pandemic, only one provider must verify that a staff person is qualified.

   ODP encourages providers to collaborate with one another to ensure that participants receive the services and support needed. Providers are asked to 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 member 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.

DSPs, including DSPs who render Community Participation Support services using remote technology, program specialists, and supervisors of DSPs must comply with the qualification requirement for Community Participation Support training included in the ID/A waivers.

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

Waiver Reference: Appendix C-4

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

1. The fiscal year limits enumerated in Appendix C-4 of the Community Living and P/FDS waivers may be temporarily exceeded to provide needed services for emergency care provision. When Appendix K flexibilities end, utilization of services for participants must return to the frequency and duration as authorized in their ISPs prior to the emergency.

Operational Guidance

1. New exceptions to the fiscal year limits (referred to as cap exceptions) that are needed as a result of the COVID-19 pandemic should be identified by the ISP team and a request should be submitted to the AE. The AE will submit exception requests for each participant, including their name, MCI number, and the projected amount of ISP authorizations to the appropriate ODP Regional Office for review. ODP approvals will be communicated to the AE. Additional guidance about cap exceptions can be found in the ODP Fiscal Year (FY) 2021-2022 Individual Support Plan (ISP) Renewal Guidance published April 8, 2021 and updated May 7, 2021 in ODP Announcement 21-032.

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, AEs may backdate authorizations in HCSIS for waiver services provided during the period of time specified in Appendix K.
2. For annual ISP purposes, the SC 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 AE while waiting for signatures to be returned to the SC, 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 SC as soon as they become aware of any changes needed to a participant's ISP. They must tell the SC 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, SCs must document verbal conversations with AEs where approval is given. Documentation must include the date and name of the person with whom the verbal conversation occurred in addition to all relevant information about the participant and provider to whom the approval applies.

2. When changes need to be made to services in the ISP to meet a participant's immediate needs, all parties that are impacted must be part of the discussion and decisions. This includes the participant, and anyone designated by the participant, as well as provider(s) that will be impacted.

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

Waiver Reference: Appendix G

Participant Safeguards

1. The requirement to conduct an investigation of any incident of deviation in staffing as outlined in an individual plan may be suspended.

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

3. Allow unlicensed staff who will administer medications to successfully complete the Modified

Medication Administration course and receive training from the provider on the use of the provider's medication record for documenting the administration of medication. This will be done in lieu of the current requirement that staff must successfully complete the standard Department of Human Services Medication Administration Program (MAP).

Operational Guidance

1 & 2. If the total number of staff on duty is lower than the total number of staff who are supposed to be on duty based on staffing needs specified in the individual plan, the incident does not automatically need to be entered as an allegation of neglect in the Enterprise Incident Management (EIM) system. Providers should apply the guidance in ODP Announcement 21-083 to determine if an event should be reported as alleged neglect.

3. In accordance with updates to 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 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)