

Clarification for Supports Coordination Organizations on Resuming SC In-Person Monitorings

UPDATE: ODP Announcement 22-085

AUDIENCE:

Supports Coordination Organizations (SCOs)
Providers
Administrative Entities (AEs)
Individuals and Families

PURPOSE:

This Office of Developmental Programs (ODP) communication announces clarification for SCOs on resuming Waiver and Targeted Support Management (TSM) Supports Coordination (SC) in-person monitorings. ***This communication is being updated to include a clarification on the requirement of SC individual monitoring of individuals residing in a residential setting. See page 2. Updates to the original communication are written in red with an asterisk (*) preceding.**

DISCUSSION:

Many adjustments have been made to ODP policy and operations during the COVID-19 pandemic. Appendix K allowed for SC services to be provided remotely during the pandemic.

ODP planned to replace the Appendix K guidance with new requirements detailed in the Intellectual Disability and Autism (ID/A) Waiver renewals and the Adult Autism Waiver (AAW) amendment effective July 1, 2022, to allow for some SC individual monitoring to continue to be completed remotely.

Both the ID/A Waiver renewals and the AAW amendment are pending approval with the Centers for Medicare and Medicaid (CMS). Therefore, ODP is issuing guidance to clarify the expected requirements of individual monitorings performed by SCs.

This announcement outlines the updated requirements for SC in-person and remote monitorings and obsoletes that section of Appendix K.

ODP expects SCOs that were unable to meet the June 30th deadline for completing the in-person monitorings for at-risk individuals, continue to follow their plan and communicate with the ODP regional office to ensure that all the priority individuals are seen in-person.

All SCOs are expected to begin implementing the following Waiver and TSM requirements no later than October 1st:

For Consolidated and Community Living Waivers: At minimum, the SC shall conduct a face-to-face monitoring every two months. A remote face-to-face monitoring can take the place of three out of the six required face-to-face monitorings per year.

For Person/Family Directed Services Waiver and Adult Autism Waiver: At minimum, the SC shall conduct a face-to-face monitoring every three months. A remote face-to-face monitoring can take the place of one out of the four required face-to-face monitorings per year.

A remote face-to-face monitoring is defined as real time audio and visual view where the SC can see and hear the participant, the caregiver(s) and the environment using technology. Also, the SC must ensure that the individual was given the choice to receive the monitoring remotely or in-person.

***For all individuals residing in a residential setting:** Remote monitorings are not permitted and no more than six months can lapse between face-to-face monitorings at the residential setting.

For TSM: At minimum, the SC is required to conduct at least one face-to-face monitoring with the individual annually. This monitoring must occur on a separate day from the annual ISP meeting.

When entering information in HCSIS for a remote monitoring, the SC should select the contact type that reflects the location where their visual view of the individual took place. For example, if the individual was at home, the SC should select “Home” as the contact type.

When in-person monitoring occurs at a provider owned or operated location, SCOs and Providers should work together to come to an agreement on how to safely monitor an individual. SCs should comply with any screening protocol that the Provider has instituted, which may include temperature screening and questions related to symptoms of COVID-19. Providers may ask vaccination status but SCs are not required to answer this question.

Providers may not refuse access to SCs conducting individual monitoring. If there are issues encountered during an in-person monitoring at a Provider location that the SCO is unable to resolve after discussion with the Provider, the SCO should contact the applicable AE or ODP BSASP regional office.

SCOs support a population that is vulnerable; therefore, SCs should use best practice infection control to protect individuals. ODP expects SCOs to develop a layered protection strategy for COVID-19. Masking is an integral and important layer of this protection strategy.

SCOs are directed to CDC guidance for source control for health care personnel, which includes screening for symptoms of COVID-19 and masking. Please review CDC guidance for more details. [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

ODP recognizes that every individual has a different comfort level with in-person meetings. Use the guidance and talking points below in your conversations with individuals and families to help them feel comfortable with an in-person visit.

- Reiterate the importance of in-person visits to ensure health and safety of individuals
- Offer to meet with individuals outside, on a porch, patio or in the yard. If an outside space is not available, plan to open windows for additional ventilation
- Notify individuals and families that SCs will have and wear masks/personal protective equipment
- Maintain distancing when conducting in-person visits inside

As a reminder, all other flexibilities regarding SC in-person activities outside of individual monitorings approved in Appendix K remain in effect until six months after the end of the Federal Public Health Emergency.

For additional **questions, please contact your appropriate ODP regional office.**