



ODP Communication

Clarifications on Residential Service Staffing Ratios and Supplemental Habilitation in Residential Habilitation Services

ODP Communication Number: Memo 026 -18

The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

AUDIENCE: Administrative Entities (AEs), Supports Coordinators (SCs), SC Supervisors, Supports Coordination Organizations (SCOs), Providers of Residential Services in the Consolidated and Community Living Waivers, and other interested parties.

PURPOSE: To provide guidance to interested parties on team discussions and documentation of staffing ratios and guidance on Supplemental Habilitation in Residential Habilitation services.

BACKGROUND:

The July 1, 2017 Consolidated Waiver renewal ushered in a change in the payment method for residential service providers - changing from paying providers on a cost reporting basis for the residential services with payment for nursing, behavioral support and supplemental support typically outside the rate, to a standardized fee schedule which includes the full range of services in one payment. These new fee schedule rates correspond to the need level of each participant and the number of people living in the home. The fee schedule for Residential Habilitation includes rates that distinguish between "With Day" and "Without Day" to account for residential provider responsibility for support when the person does not work or attend a day program. For Residential Habilitation these changes took effect January 1, 2018.

DISCUSSION:

Staffing Ratios

In public forums, ODP has communicated that this move from a cost-based to fee schedule rate provides greater flexibility for providers in determining how they meet individual needs. This flexibility manifests in two ways. First, the ability to provide an integrated residential service that incorporates a broad range

of habilitative and clinical supports. Second, the move to fee schedule provides an opportunity to step away from the often rigid adherence to strict allowable cost standards and staffing ratios that may not have best met individual needs or allowed for the best use of staffing resources.

It is critical that this greater flexibility in meeting individual needs is balanced with accountability. The “Health and Safety: Supervision Care Needs: Staffing Ratio – Home” section of the Individual Support Plan (ISP) was developed to provide a simple and concrete approach to managing risk. Experience with the ISP required staffing ratios has led both providers and policy makers to conclude that there is a need to craft a better approach to managing risk, one that is more specific in determining each type of risk and the type of attention, supervision and support necessary to reduce risk while supporting the person’s everyday life and using staff resources wisely – a more person-centered approach. ODP has not yet provided guidance on a replacement for this section of the ISP or new instructions for completing this section in response to the opportunities provided through the new service definitions and payment methodology for residential services. ODP is still working on guidance for assuring that adequate accountability measures are in place.

In order to provide a systematic process to discuss and document residential staffing needs in the ISP, ODP has engaged a pilot project in the southeast region and is working with the Residential Strategic Thinking Group. Detailed guidance will be issued to the field in the future.

While awaiting formal ODP guidance, AEs, SCOs and providers should be aware of the following:

Responsibility for Individuals’ Needs. Residential Habilitation providers continue to be responsible for accurately assessing and meeting individuals’ needs when providing the direct portion of the applicable residential service in accordance with all statutory, regulatory, and waiver requirements.

Changes in staffing levels are subject to team discussion. The ISP team should be discussing the health and safety needs of the individual, the desired outcomes and all risk management strategies employed for each individual. *ISPs that do not document specific staffing ratios in the staffing ratio grid for residential must contain sufficient detail to validate that all identified health and safety needs are being adequately addressed through staffing or other supports, that the interventions and strategies to reduce risk are clearly articulated and that staff are properly trained and supervised.*

Provisions related to staffing outlined in Chapters 6400 and 6500 continue to apply.

§ 6400.45. Staffing.

(c) An individual may be left unsupervised for specified periods of time if the absence of direct supervision is consistent with the individual’s assessment and is part of the individual’s ISP, as an outcome which requires the achievement of a higher level of independence.

(d) The staff qualifications and staff ratio as specified in the ISP shall be implemented as written, including when the staff ratio is greater than required under subsections (a), (b) and (c).

§ 6500.44. Supervision.

(a) An individual may be left unsupervised for specified periods of time if the absence of direct supervision is consistent with the individual’s assessment and is part of the individual’s ISP, as an outcome which requires the achievement of a higher level of independence.

(b) An individual requiring direct supervision may not be left under the supervision of a person under the age of 18.

(c) There shall be a family living specialist or designee accessible when the individual is in the home.

(d) Supervision as specified in the ISP shall be implemented as written when the supervision specified in the ISP is greater than required under subsections (a), (b) and (c).

(e) The staff qualifications and staff ratio as specified in the ISP shall be implemented as written, including when the staff ratio is greater than required under subsections (a), (b) and (c).

(f) An individual may not be left unsupervised solely for the convenience of the family or direct service worker.

If Supports Coordinators receive a request to remove or change the staffing ratios in the “Health And Safety: Supervision Care Needs: Staffing Ratio – Home” the following steps must be taken:

1. An ISP team meeting should be scheduled with all ISP team members.
2. If a reduction or change in staffing as documented in the ISP is being requested by the residential provider, the team must identify all areas of risk and discuss how all health and safety needs will be met. Risk identification must include relevant specifics such as a description of situations, activities, times, locations, conditions, or signal behaviors, that increase risk. The SC must document the risks and risk management strategies in the Health and Safety: Focus Area sections.
3. If the residential provider is requesting removal of the staffing ratios as currently documented in the ISP, the team must discuss how all health and safety needs are being met. The SC must document these risk management strategies in the Health and Safety: Focus Area sections.
4. For any reductions in staffing or removal of staffing ratios from the ISP agreed upon by the ISP team, the SC should alert the AE so that the AE may review the changes in the plan.
5. The ISP must include enough specificity about how the individual’s health and safety needs are being met that it can be validated if needed during the course of monitoring, an investigation or an audit. Supplemental habilitation staffing and the need for staff qualifications such as LPN or NADD must be documented in the ISP. It should be noted that an alleged failure to provide support to meet identified health and safety needs is reportable in accordance with the Incident Management Bulletin.

Supplemental Habilitation and Residential Habilitation Without Day

With the addition of “Without Day” fee schedule rates, questions have arisen as to when it is most appropriate to authorize and bill “Without Day” and when Supplemental Habilitation is most appropriate.

The fee schedule for “Without Day” was developed with the intent to accommodate individuals who are retired or choose not to participate in activities during the day and, further, to cover provider costs, without requiring additional team meetings or authorizations, for regularly occurring daily events in individuals’ lives like weather-related workplace or program closures or short-term illness like stomach aches, headaches, flu, or colds. “Without Day” also covers weekends when individuals are not working and not visiting with friends and family.

Supplemental Habilitation is intended for emergency situations or to meet an individual’s temporary medical or behavioral needs with individualized staffing. Supplemental Habilitation must be authorized separately by the AE. The AE may authorize Supplemental Habilitation for up to 90 days without a

variance. Supplemental Habilitation needed beyond 90 days is also authorized by the AE but requires a variance.

The standard for whether Supplemental Habilitation is the appropriate service for someone who receives Residential Habilitation services is:

- The individual is experiencing a temporary injury or illness and/or has mental health, behavioral or medical support needs which prompt the need for additional staff support at a 1:1 or 1:2 staffing ratio.

AND

- For purposes of Supplemental Habilitation within Residential Habilitation services, “temporary” should generally be read as lasting for longer than 7 days.

Any request for authorization of Supplemental Habilitation should be specific about the tasks and times of day that the additional 1:1 or 2:1 staffing is needed for the individual. ODP expects that circumstances in which Residential Habilitation Without Day and Supplemental Habilitation would be authorized to occur simultaneously to cover weekday daytime hours will be rare. Providers will need to ensure that claims documentation supports the provision of both services simultaneously.

In situations where an individual has an illness or injury and the ISP teams are making a determination about whether Without Day or Supplemental Habilitation is most appropriate for a participant, the team should consider that Without Day does not dictate a specific staffing ratio whereas Supplemental Habilitation does. For each unit of Supplemental Habilitation utilized a strict staffing ratio of 1:1 or 2:1 must be provided. The Supplemental Habilitation is in addition to the typical staffing and support the individual has as part of their residential services.

It is important to note that Supplemental Habilitation is intended to be temporary, even in situations in which the change in need is expected to be permanent. Permanent changes in need should be handled through a SIS re-assessment process.

CONTACT: Questions about this communication should be directed to the ODP Regional Program Office.