

Highlights from ODP Webinar Regarding Appendix K

Today ODP held a webinar to provide more information to providers regarding Appendix K. The webinar should be posted on MyODP. The following are some highlights from the session.

Appendix K Scope

- The changes in Appendix K are only to be implemented for participants impacted by COVID-19.
- Participants may be impacted due to staffing shortages, a COVID-19 diagnosis for the participant or a participant's housemate or caregiver, and closures of service locations (residential homes, Community Participation Support service locations, etc.).
- Requirements in the current approved waivers must be followed for any requirement not listed in this guide.

Delivering Appendix K Services Remotely Or By Phone

- Services may be delivered via telephone or video conferencing such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype.
- Providers are encouraged to notify participants that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing **should not be used**

Delivering Appendix K Services Remotely or By Phone

- If the participant/family does not have access to a computer or phone, SCs may visit the individual home but should conduct the monitoring or planning meeting through windows or doors as barriers. Supports Coordination must conduct monitoring visits and ISP team meetings remotely or by telephone.

Delivering ID/A Services Remotely or By Phone

- Other direct ID/A waiver services may be delivered remotely when this type of support meets the health and safety needs of the participant.

In-Home and Community Support	Residential Habilitation
Companion	Life Sharing
Behavioral Support	Supported Living
Supports Broker	Assistive Technology (Remote Monitoring)
Education Support	Advanced Supported Employment

Delivering AAW Services Remotely or By Phone

- Other direct AAW services may be delivered remotely when this type of support meets the health and safety needs of the participant.

Behavior Specialist
Systematic Skill Building
Community Support
Therapy (counseling)
Family Support
Nutritional Consultation

Services Not in Appendix K That Will Be Added to be Delivered Remotely or By Phone

- It is OK to render these services remotely or by phone now if this type of support meets the health and safety needs of the participant:

ID/A Waivers	Adult Autism Waiver
Supported Employment	Supported Employment
Small Group Employment	Small Group Employment
Community Participation Support	Day Habilitation
Therapy Services	Career Planning
Communication Specialist	
Music and Art Therapy	

Delivering Appendix K Services Remotely or By Phone

- The provider is responsible for determining if this type of support will meet the health and safety needs of the participant.
- The provider is responsible for contacting the participant and family and discussing how remote services would work and asking if the participant and family are open to receiving services remotely.

Delivering Appendix K Services Remotely or By Phone

- Providers include **diagnosis code Z03.818 on Field 21.B of the claim in PROMISE.**
- Billing may only occur when direct support professionals are actively engaging with participants via technology or over the phone.
 - Billing may not occur when staff is "on-call."

Flexibility to Allow for Necessary Movement of Staff

- Community Participation Support/Day Habilitation may be provided 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.
- Supporting participants in private homes can be billed using community procedure codes. If changes to ISP are required, contact Supports Coordinator.

Expand Services That Relatives and Legal Guardians Can Provide

- Residential Habilitation
- Supported Living (ID/A Waivers only)
- Supplemental Habilitation/Temporary Supplemental Services

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/Temporary Supplemental Services, is responsible for ensuring that services are provided as authorized in the ISP and that billing occurs in accordance with ODP requirements.

Provider Qualification Flexibility

Staff must receive the following training, which needs to be documented:

- Training on ISP
- The prevention, detection and reporting of abuse, suspected abuse and alleged abuse
- Individual rights.
- Recognizing and reporting incidents.
- The safe and appropriate use of behavior supports if the person works directly with an individual.

Encourage use of remote training and nurse support to respond to rapid changes

Allow Relatives/Legal Guardians to Provide Additional Hours of Service

- Relatives and legal guardians can provide any amount of needed In-Home and Community Support and/or Companion services.
 - Can be provided through traditional providers or one of the participant-directed services models (ID/A Waivers only): Agency With Choice or Vendor Fiscal/Employer Agent.
 - The requirement that any one relative can provide a maximum of 40 hours per week on In-Home and Community Support and/or Companion is suspended.
 - The requirement that multiple relatives can provide no more than 60 hours per week of In-Home and Community Support and/or Companion is also suspended.
- In the Adult Autism Waiver, the limitation for a family member to deliver services no more than 40 hours in a seven-day period will be extended to 60 hours in a seven-day period.

Flexibility to Meet Staffing Needs in Residential Habilitation, Life Sharing and Supported Living

- Size of location
- Staffing ratios
- Supplemental Habilitation/Temporary Supplemental services
- Shift Nursing
- Location
- Sharing Bedrooms

Flexibility to Meet Staffing Needs in Residential Habilitation, Life Sharing and Supported Living

- If relatives/friends take the participant to their residence during the COVID19 emergency, participants will not be disenrolled from the waiver.
- The provider can bill for Residential Habilitation, Life Sharing or Supported Living provided in the home of a relative/friend as long as the relative/friend who will render services is employed by the provider agency and has met training requirements.
 - Documentation requirements (service notes and progress notes) remain in place
 - Day unit requirement (generally 8 hours per day of service) remains in place.

Services Can Be Provided in a Hospital

- Participants that require hospitalization due to a diagnosis of COVID-19 may receive the following services in a hospital setting when the participant requires these services for communication, behavioral stabilization and/or intensive personal care needs.
 - In-Home and Community Support
 - Companion
 - Residential Habilitation
 - Life Sharing
 - Supported Living
 - Supplemental Habilitation

Services in the Adult Autism Waiver That Can Be Provided In a Hospital

- The participant must require these services for communication, behavioral stabilization and/or intensive personal care needs.
 - Behavioral Specialist
 - Systematic Skill Building
 - Community Support
 - Residential Habilitation (Community Homes and Life Sharing)
 - Temporary Supplemental Services
 - Therapies

When services are provided in a hospital setting, the provider is responsible for talking with hospital personnel about whether the hospital will allow the provision of services and follow any hospital requirements for doing so. Service notes must be completed for the participant that demonstrate how the service is being used for ***communication, behavioral stabilization and/or intensive personal care needs***.

Exceeding Limits on Services in the Community Living Waiver or Person/Family Directed Support Waiver

- The fiscal year limits may be temporarily exceeded to provide needed services for emergency care provision.
- When emergency is declared to end, utilization of services for individuals must return to the frequency and duration as authorized in individual plans prior to the emergency.
- Exceptions to the fiscal year limits (referred to as cap exceptions) should be identified by the ISP team and a request should be submitted to the AE. The AE will submit exception requests for each individual, to the ODP appropriate Regional Office for review. ODP approvals will be communicated to the AE.

Notify the Supports Coordinator When:

- A service needs to be added to the ISP
- When additional units of service need to be added to the ISP
- A participant will be moving from one home to another

Financial Strategies

- Waiver of Prudent Pay for all ID/A and AAW waiver services beginning pay cycle 3/21/2020
- Retainer Payments for CPS/Day Habilitation Providers
 - Protocols and will provide guidance by 3/25
 - Retainer payments for CPS/Day Habilitation providers up to 75% of previous average billing
 - *CPS/Day Habilitation providers highly encouraged to redeploy staff in areas most needed* –need these DSPs in workforce!
- Enhanced rates
 - ODP will establish and provide guidance
 - ID/A waivers: Residential Habilitation, Life Sharing, Supported Living, In-Home and Community Support, Companion, Community Participation Supports, Respite, and Shift Nursing.
 - AAW: Residential Habilitation, including life Sharing, the Community Support component of Specialized Skill Development, Day Habilitation, Respite, and Shift Nursing

The complete handout is available [here](#).