
Clarifications for Residential Providers who Establish Service Arrangements with Families during COVID

Appendix K expands services that relatives and legal guardians can provide, specifically, Residential Habilitation and Supported Living. Some of our members have families that have temporarily removed their individuals from Residential Habilitation services and are interested in keeping them home during the pandemic. Appendix K guidance includes:

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.

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

- 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.

We asked ODP for guidance on how to implement this option as well as billing. The following Q&A is their response to our questions.

- Do we continue to bill for these individuals under their approved residential services (using diagnosis code Z03.818) or some other code? [Yes, when the provider has developed a formal relationship \(i.e., employee or contractor\) with the family member.](#)
- Do we pay the families a stipend (life sharing) or do we add them to our payroll and make them employees? If they are paid as employees, there will need to be a determination of how many hours of service they are providing. [ODP will not direct providers on how to establish payment with families when they are hired as an employee or contractor.](#)
- Do the same clearance requirements exist for families? Do we need to run them through a sanction check? [Yes, same process for any other employee or contractor.](#)
- What trainings (if any) would be required of the families? I know there is a short list of required trainings for new hires, and would guess that would be required, the big question is regarding Medication Administration training. [Same training requirements for any other employee or contractor.](#)

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.

In order to ensure that individuals who require assistance with medication receive such assistance, new staff may administer medications after they:

- Complete ODP's [Modified Medication Administration Training Course](#), and
- Receive training from the provider on the use of the provider's medication record for documenting the administration of medication.

Providers must retain record of staff's completion of the Modified Medication Administration Training Course by retaining a copy of the certificate of completion.