

VERSION 2 – FAQ REGARDING SERVICES RENDERED THROUGH ODP’S WAIVERS DURING COVID-19

UPDATED 8/X/2020

QUESTION

ANSWER

RESIDENTIAL SERVICES

Q1. Shift Nursing may be authorized as a discrete service to protect the health and safety of an individual receiving residential services as outlined on Page 12 of the Appendix K Operational Guide. Can the Shift Nursing provider also be the residential habilitation provider?

A1. Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waivers

Shift Nursing may be provided as a discrete service during the provision of Residential Habilitation, Life Sharing, and Supported Living services 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 those participants.

Shift Nursing cannot be provided as a discrete service if the need for nursing is not related to COVID-19.

The Shift Nursing provider may be the residential provider if multiple individuals have been diagnosed with COVID-19, the nurse that the 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 need for increased nursing services.

Adult Autism Waiver (AAW)

Discrete Shift Nursing may be provided by any agency that is enrolled and qualified to render discrete Shift Nursing services, including residential providers. Shift Nursing can be authorized for

	<p>individuals receiving residential services who have been diagnosed with COVID-19 and need this level of support.</p>
<p>Q2. If someone who is receiving Life Sharing services needs to move to a Residential Habilitation home due to COVID-19, what service is billed?</p>	<p>A2. Residential Habilitation is billed because that is the service the individual is receiving once they move from their Life Sharing home for a reason related to the COVID-19 pandemic.</p>
<p>Q3. Can Community Participation Support or Day Habilitation be delivered in the home of a staff member?</p>	<p>A3. As explained in the Appendix K Operational Guide, Community Participation Support may be provided in the following private homes:</p> <ul style="list-style-type: none"> • 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. <p>The service can also be provided remotely.</p> <p>This service cannot be rendered in a staff member’s home.</p>
<p>Q4. There are a few individuals in our residential service programs who have been asking frequently to go to drive-throughs for fast food. We feel that this is exposing them to contact with COVID-19. Can we restrict staff from transporting the individuals to drive-throughs due to the risk of contracting COVID-19?</p>	<p>A4. Picking up food through a drive-through window is an allowable activity under orders and guidance issued by the Governor and the Secretary of Health. Individuals who request or prefer food via drive-through windows should have those requests accommodated according to the individual’s plan and diet. This accommodation applies to restaurant food acquired via pick-up or delivery, as these are also allowable activities under the Governor’s and Secretary of Health’s orders and guidance.</p>
<p>Q5. Can an individual who receives Residential Habilitation and was also receiving Behavioral Support as a discrete service while attending their Community Participation Support program still receive Behavioral Support as a</p>	<p>A5. Behavioral Support may only be authorized as a discrete service for a participant who receives Residential Habilitation, Life Sharing or Supported Living services if Behavioral Support is being used to support access to a Community Participation Support program or to maintain the participant’s employment. The COVID-19 pandemic has not resulted in a change to this requirement.</p>

<p>discrete service while their Community Participation Support program is closed because of COVID-19?</p> <p>*This question is not applicable to the Adult Autism Waiver.</p>	<p>A participant cannot receive Behavioral Support as a discrete service at the participant’s residential program because the service is included in the residential rate. It is the responsibility of the residential provider to render the service as provided for in ODP Communication 111-17.</p>
<p>Q6. When a person who is receiving residential services goes home as a result of the COVID-19 pandemic and receives other in-home services, should the residential authorizations be ended on the plan?</p>	<p>A6. No. The authorization for Residential Habilitation, Life Sharing or Supported Living services should be left on the plan so services can be resumed when the individual returns to the residential service following the COVID-19 pandemic. Residential services should not be billed for while the individual is at home.</p>
<p>NEW</p> <p>Q7. If an individual who resides in a residential habilitation group home goes home to temporality live with the individual’s family during the COVID-19 pandemic, and the provider pays the family for the provision of Residential Habilitation services, can Community Participation Support be provided in the family setting?</p>	<p>A7. No, Community Participation Support/Day Habilitation cannot be provided in the family home in this situation. If the provider pays the family for the provision of Residential Habilitation services, the family home is considered a Residential Habilitation setting (even though it is not subject to licensure). Community Participation Support/Day Habilitation services cannot be provided in a residential habilitation setting, as this type of support is included in the service definition and rate paid for Residential Habilitation services.</p>
<p>NEW</p> <p>Q8. Can a Residential Habilitation or Life Sharing provider utilize audio/video, non-recording monitors to help keep a close eye on individuals in their rooms, while still maintaining some degree of isolation for participants who are probable or have tested positive for COVID-19?</p>	<p>A8. Allowable use of technology in Residential Habilitation and Life Sharing homes has not changed during the COVID-19 pandemic. The use of technology to monitor individuals is addressed in the 55 Pa. Code Chapter 6400 Regulatory Compliance Guide (RCG), which is attached to ODP Bulletin 00-20-01. Providers should follow the guidance under 6400.32(h). The RCG contains a decision matrix starting on page 35, “Evaluating Technology Use,” that should be used to evaluate the use of technology in these situations.</p>

<p>Q9. If an individual decides to go stay with a family member or friend during the COVID-19 pandemic, will the individual lose their place in their residential home or will they be disenrolled from the waiver if they are not receiving any services during the time spent at their family's or friend's house?</p>	<p>A9. As stated in ODP Communication 20-047, when an individual decides to go home with a family member or friend during the COVID-19 pandemic, the provider must ensure that the individual has the right to return to their home once the COVID-19 pandemic has ended at the latest.</p> <p>The individual and the Individual Support Plan (ISP) team must determine how the individual's needs will be met during the time away from the residential home. If the decision is that the individual will not receive services while staying with his/her family or friends, the individual will not be disenrolled from the waiver during the COVID-19 pandemic.</p> <p>When the individual is able to return to his/her residential home (when the pandemic is over, if the provider develops a policy to allow the individual to return to the home sooner, etc.), the Supports Coordinator and ISP team should assist the individual with the transition to receiving waiver services at the residential home.</p>
<p>EMPLOYMENT SERVICES</p>	
<p>Q10. Can providers of Supported Employment or Small Group Employment services bill for remote support when an individual is not at his or her place of employment?</p>	<p>A10. Yes, as long as the remote support is provided in a manner that is consistent with the service definition. An example of remote support that can be billed is a telephone conversation to discuss what happened during an individual's shift after the individual has returned home.</p>
<p>Q11. Is assistance with applying for and maintaining unemployment benefits billable under Supported Employment?</p>	<p>A11. Yes. Supported Employment providers can bill for this assistance using whatever component of Supported Employment (Career Assessment, Job Finding or Development, or Job Coaching and Support) is authorized on the individual's plan. Providers of Supported Employment or Career Planning in the Adult Autism Waiver can also bill for assistance with applying for and maintaining unemployment benefits.</p>

<p>Q12. Can you please expound on how to offer Supported Employment remotely?</p>	<p>A12. Services may be delivered via telephone or video conferencing such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. Providers delivering Job Finding services could work remotely on goals such as virtual resume development, interview preparation, etc.</p> <p>Providers delivering Job Coaching and Support must assess on a case-by-case basis whether remote services can meet the needs of the individual. Unfortunately, due to job duties or other circumstances, not all individuals can be supported at their job remotely. Providers are encouraged to be as creative as possible to provide support to meet the individual’s needs.</p> <p>An individual who is receiving in-person Companion services while at a place of competitive integrated employment may be utilized to act as a conduit for supports provided by a Supported Employment professional delivered remotely.</p> <p>A free webinar on the topic of remote supports developed by the Association of People Supporting Employment First (APSE) can be found at apse.org. Go to the “Online Learning” tab under the “Get Educated” pulldown, or click on this link.</p>
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SUPPORTS COORDINATION

<p>NEW</p> <p>Q13. Are Supports Coordinators required to conduct weekly check-in calls as outlined in ODP announcement 20-044?</p>	<p>A13. Yes, Support Coordinators should continue to conduct weekly check-in calls unless both of the following conditions are met:</p> <ul style="list-style-type: none"> • The individual and/or family states that they do not want to participate in weekly check-ins; and • The Supports Coordinator does not have any concerns that would necessitate the continuation of weekly check-in calls. <p>ODP expects Supports Coordinators to continue individual transition discussions as discussed in ODP announcement 20-056.</p>
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<p>NEW</p> <p>Q14. Are Supports Coordinators required to obtain written</p>	<p>A14. Documentation of ISP team members’ verbal consent with the content of the ISP is currently acceptable. Supports</p>
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<p>signatures from participants during an annual ISP meeting or when critical revisions are made to the ISP?</p>	<p>Coordinators are responsible for documenting the verbal consent of the individual 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.</p>
<p>OTHER WAIVER SERVICES</p>	
<p>Q15. Which services were approved to be rendered remotely through Appendix K?</p>	<p>A15. As a result of the approval of Appendix K, direct services may be rendered remotely, including by telephone, when remote support meets the health and safety needs of the individual receiving services. The following services can be rendered under the waivers remotely, including by telephone, immediately, as they were either included in the first or second version of Appendix K that has been approved by CMS:</p> <p><u>ID/A Waivers</u></p> <p>Supports Coordination, In-Home and Community Support, Companion, Behavioral Support, Community Participation Support, Supported Employment, Therapy Services, Supports Broker Services, Communication Specialist, Consultative Nutritional Services, Music Therapy, Art Therapy, and Small Group Employment.</p> <p><u>AAW</u></p> <p>Supports Coordination, Day Habilitation, Family Support, Nutritional Consultation, Specialized Skill Development (Behavioral Support, Systematic Skill Building and Community Support), Career Planning, Supported Employment, Small Group Employment, and Therapies.</p>
<p>NEW Q16. We are planning to offer Community Participation Support via a Zoom conference call to six of our Community Participation Support participants. The Appendix K Operational Guide states, “Supporting participants in</p>	<p>A16. Billing must accurately reflect service provision, including the staffing ratio. For example, Community Participation Support provided remotely at a staff-to-individual ratio of 1:2 would be billed at CPS Community 1:2. CPS provided remotely at a staff-to-individual ratio of 1:4, 1:5 or 1:6 would bill the CPS Facility 1:4 to 1:6 procedure code.</p>

<p>private homes can be billed using community procedure codes.” How do we bill when we are supporting six participants at one time? Community Participation Support community procedure codes go no higher than 1:3 staffing ratios.</p>	<p>ISPs should be revised to reflect the most accurate staffing ratios. If these changes cause an individual to exceed the fiscal year limits of the P/FDS or Community Living waivers, the ISP team should follow guidance in ODP Announcement 20-069 on how to submit an exception request to the ODP Regional Program Manager.</p>
<p>NEW Q17. Can In-Home and Community Support Basic (staff to individual ratio of 1:3) be authorized and billed for group activities rendered remotely such as teaching a skill on Zoom? The guidance in the Appendix K Operational Guide does not address this directly.</p>	<p>A17. In-Home and Community Support in the three ID/A waivers and the Adult Autism Waiver can be delivered remotely under Appendix K at any of the staffing ratios.</p> <p>However, providing In-Home and Community Support services at the Basic staffing ratio is not an option for individuals who receive services through a participant directed services model because this staffing ratio is not offered in the participant-directed service models. If an individual wants to receive In-Home and Community Support with other individuals (at a staff to individual ratio higher than 1:1) this service must be rendered through a traditional provider.</p>
<p>Q18. Can Respite Camp be provided remotely?</p>	<p>A18. No. Respite services, regardless of location of delivery, were not approved in Appendix K or the current approved waivers to be delivered remotely.</p>
<p>REVISED Q19. Can waiver funds be used for Respite Camps during the COVID-19 pandemic?</p>	<p>A19. Waiver funds may be used for Respite Camps. A Respite Camp must comply with all applicable Centers for Disease Control and Prevention (CDC) guidelines. If the camp is in Pennsylvania it must also comply with the Department of Health (DOH) guidelines, including the summer recreation, camps and pools Frequently Asked Questions. The Respite Camp must submit a written health and safety plan that follows the CDC guidance for youth and summer camps and post the plan on the camp’s publicly available website prior to providing services. The plan must describe how compliance with all applicable guidelines will be met. Starting July 1, 2020, new requests to have Respite Camp</p>

	<p>services added to a person’s ISP must be submitted by the AE to the ODP Regional Office. The ODP Regional Office must review and approve the health and safety plan in consultation with the AE prior to the authorization of the service on the ISP to ensure the Respite Camp is complying with the CDC and DOH guidance for youth and summer camps.</p> <p>Current CDC guidance for camps can be accessed at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html</p> <p>Current DOH Frequently Asked Questions can be accessed at https://www.health.pa.gov/topics/disease/coronavirus/Pages/Guidance/Summer-Recreation-Camps-Pools.aspx</p>
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BILLING

<p>NEW</p> <p>Q20. Can Life Sharing be billed when individuals go home to stay with their family during the COVID-19 pandemic? We want to be able to pay our life sharers during this difficult time, but it is hard to do if we are losing revenue because people are staying with their families to feel safe.</p>	<p>A20. Life Sharing can be billed when a day unit of service is delivered by the life sharer, defined as a period of a minimum of 8 hours of non-continuous care rendered by a residential provider within a 24-hour period beginning at 12:00 a.m. and ending at 11:59 p.m. Further, Life Sharing cannot be billed if the individual has been authorized to receive In-Home and Community Support or Companion while staying with their family. Life Sharing can only be billed when individuals are staying with their family when both of these criteria have been met.</p>
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<p>Q21. Can providers bill for participation in ISP meetings that are held remotely if the individual is participating? If so, how would they bill?</p>	<p>A21. Nothing in Appendix K changes the guidance published in ODP Informational Memo 037-13, which must still be followed in regard to billing for participation in ISP meetings. “In most circumstances, attendance at an ISP team meeting is not a billable activity. If a provider believes they are delivering a service consistent with the ISP and the waiver service definitions during an ISP team meeting, all the following conditions must apply in order for the activity to be billable:</p>
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	<ul style="list-style-type: none"> • Both the individual and the provider’s direct support staff or individual practitioners must be present. • The support must be rendered according to the appropriate unit designation (15-minute, hour or day). • The required staffing level for the service as specified in the ISP is maintained. • Documentation must substantiate billing for the service. Documentation must describe the nature and extent of the service(s) provided. (It is not sufficient to indicate that provider staff attended a team meeting.)
<p>Q22. Some of our providers are having a difficult time compiling a full 15-minute service unit when they provide the service remotely. We are aware of the guidance regarding how to combine partial units of service for billing purposes in the Interim Technical Guide for Claims and Service Documentation (Bulletin 00-18-04). Does ODP have any recommendations on combining partial billing units?</p>	<p>A22. Providers must have provided a full 15 minutes of service to bill for a unit of services. Partial units from the same billing cycle can be combined as described on page 245 of the current ISP Manual (Bulletin 00-20-02). That guidance states:</p> <ul style="list-style-type: none"> • “The 15-minute unit of service will be comprised of 15 minutes of continuous or non-continuous service. The full 15 minutes of service does not need to be provided consecutively but must be rendered during the dates of service indicated on the claim for the same participant, same 13-digit MPI and same service.” <p>The guidance on partial units in the Interim Technical Guide attached to Bulletin 00-18-04 is no longer accurate. ODP is working to update this information.</p> <p>Please note that a claim (and thus the combination of partial units of service) cannot span multiple fiscal years. For example, if services were rendered from June 22nd to July 3rd, the provider would need to submit two claims. One from June 22nd to June 30th and another one from July 1st to July 3rd.</p>
<p>Q23. Can a provider bill for time they are calling an individual to “check in” on him or her?</p>	<p>A23. While ODP initially encouraged providers to check-in with individuals and families, this is now being completed by Supports Coordinators. Beginning April 13, 2020, Supports Coordinators have been asked to conduct weekly check-ins with each individual they support. Since this is the role of the Supports Coordinators, providers cannot bill for conducting a similar check-in.</p>

	<p>If the provider is using the term check-in to refer to activities allowable under the service definition and that align with the individual's goals/outcomes for the service provided by the provider, time spent doing this activity can be billed for services allowed to be rendered remotely.</p>
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