




ISSUE DATE November 6, 2023	EFFECTIVE DATE November 11, 2023	NUMBER 00-23-01
SUBJECT Home and Community-Based Waiver Services Provided to Individuals in an Acute Care Hospital		BY  Kristin Ahrens, Deputy Secretary for Developmental Programs

SCOPE:

Individuals and Families
 Providers of Home and Community-Based Services in the Consolidated, Community Living, Person/Family Directed Support (P/FDS) and Adult Autism Waivers
 Administrative Entities
 Supports Coordination Organizations (SCOs)

PURPOSE:

The purpose of this bulletin is to provide guidance on the delivery of home and community-based waiver services to individuals who are hospitalized in an acute care hospital.

BACKGROUND:

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law, which allowed states to amend their home and community-based services (HCBS) waivers to cover services provided in acute care hospital settings when certain criteria have been met. The Office of Developmental Programs (ODP) subsequently requested and received approval of an Appendix K from the Centers for Medicare and Medicaid Services (CMS) to allow specific HCBS to temporarily be provided in hospital settings from March of 2020 through November 11, 2023. To ensure that these services can continue beyond the expiration of Appendix K, ODP added the provision of HCBS in acute care hospital settings to the Consolidated, Community Living, and Person/Family Directed Support Waivers that were approved effective June 1, 2022, and the Adult Autism Waiver that was approved effective April 1, 2022. The requirements in the waivers and this bulletin become effective upon the expiration of Appendix K on November 11, 2023. This bulletin replaces and expands on guidance published regarding the provision of HCBS in acute care hospitals provided while Appendix K was in effect.

DISCUSSION:

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate Developmental Programs Regional Office

Visit <https://www.dhs.pa.gov/contact/DHS-Offices/Pages/ODP-Bureau-of-Community-Services.aspx>

Individuals may receive the HCBS identified in Attachment 1 while admitted to and receiving inpatient treatment in an acute care hospital for a physical or medical health issue. An acute care hospital is defined by [CMS](#) as a health care institution that provides inpatient medical care and other related services for surgeries, acute medical conditions, or injuries (usually for a short-term illness or condition). Acute care hospital settings do not include psychiatric hospitals, nursing facilities, or rehabilitation facilities.

Because planning for the future is part of an everyday life, Individual Support Plan (ISP) teams should discuss what types of supports and services the individual would need in the event of an emergency stay or planned inpatient treatment in an acute care hospital. This discussion is critical to help individuals and their team members feel prepared should the individual require inpatient treatment in an acute care hospital. Discussions topics could include:

- What item(s) the individual routinely depends on, including items or devices the individual uses for communication or activities of daily living;
- What item(s) the individual would like for comfort (i.e. an item to relieve stress or something that can be used as a distraction);
- What the individual's support person, direct support professional(s), or support service professional(s) can do to help alleviate the individual's stress;
- What the individual's support person, direct support professional(s), or support service professional(s) can do to assist the individual participate in diagnostic and treatment procedures in the acute care hospital; and
- What HCBS the individual would need while hospitalized.

The following resources may help ISP teams facilitate the discussions of what types of supports and services an individual might need in the event of an emergency stay or planned inpatient treatment in an acute care hospital:

- <https://www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/healthy-living/>
- <https://paautism.org/resource/hospital-visit-medical-health/>
- <https://aidinpa.org/resource/going-er/>

The services and supports an individual would need if hospitalized must be documented by the Supports Coordinator (SC) in the Medical History and/or the General Health and Safety Risks sections of the ISP. Consistently including this information in the same section of the ISP will enable ISP teams to quickly respond and provide important information when an emergency occurs.

When an individual needs a HCBS identified in Attachment 1 while in an acute care hospital the services must:

- Be authorized on the individual's ISP;
 - If the services are not included in the individual's ISP, the ISP must be updated to include any additional needed services, and the ISP must document which services are being provided in the hospital. There are no procedure codes specific to services rendered in a hospital.

- To expedite the provision of services while an individual is hospitalized, verbal or email authorization may be provided for any needed changes to the ISP prior to the services being officially authorized in HCSIS.
- Unless an individual has a history of being hospitalized on at least an annual basis, HCBS should not be added to the ISP to cover the possibility of the individual being hospitalized.
- Be provided to meet the needs of the individual that are not met through the provision of hospital services;
- Be designed to ensure smooth transitions between acute care hospital settings and home and community-based settings;
- Be needed to preserve the individual's functional abilities;
- Not be a substitute for services that the acute care hospital is obligated to provide¹;
 - The individual's support person or staff from the provider agency should communicate with the hospital staff to ensure that the HCBS provided while the individual is hospitalized will not interfere with medical recommendations and treatment provided by the hospital.
 - Hospitals are obligated to provide interpreter services. HCBS can be used to support an individual who has communication needs that cannot be met through interpreter services because of the individual's diagnosis or disability. Examples include:
 - Individuals who understand verbal communication but have difficulty expressing themselves verbally or through sign language.
 - Individuals who have idiosyncratic verbal communication that hospital staff may be unable to understand or may misinterpret.
 - Individuals who use gestures and facial expressions to communicate.
 - Individuals who use print or symbol systems to communicate.
 - Hospitals are required to provide restorative nursing care, which includes maintaining good body alignment, proper positioning, keeping patients active, helping patients stay out of bed, and developing independence in activities of daily living. HCBS can be used to support an individual who has intensive personal care needs, such as:
 - Assisting the individual with toileting or brushing their teeth or hair or assisting an individual with eating or drinking, including communicating with hospital staff about food preferences and ensuring that food is presented in the way preferred by the individual.
 - Communicating with hospital staff about how the individual prefers to have medications administered and discussing with hospital staff if these preferences can be accommodated.
 - Assisting with the implementation of the individual's behavioral support plan.
 - Assisting the individual with activities that the individual finds soothing or enjoyable such as reading, listening to music or audio books, talking or video chatting with family and friends, playing games on portable electronic devices, or watching movies or television.

¹ Hospitals are obligated to provide care through conditions of participation or under Federal or State laws, or under other applicable requirements.

- Monitoring the individual to ensure the individual follows medical orders and treatment instructions, including ensuring that an individual who is at an increased risk of a fall or injury does not attempt to get out of bed alone.

Providers that render HCBS to individuals receiving inpatient treatment in an acute care hospital setting must:

- Complete and maintain documentation to support claims for services provided as required by 55 Pa. Code §§ 6100.226 and 6100.227 and ODP Bulletin 00-22-03, *Technical Guidance for Claim and Service Documentation* or its successor.
- Use Place of Service Code 21, Inpatient Hospital when billing for the service in PROMISe.

ATTACHMENTS:

Attachment 1, *Home and Community-Based Services (HCBS) That Can Be Rendered in an Acute Care Hospital*

OBSOLETE DOCUMENTS:

ODP Communication 20-098, *Appendix K Update: Waiver Services Provided to Individuals in Hospital Settings and Specialized Supplies*