

Community Participation Support (CPS) Question and Answer (Q&A) Document Version 4 Updated 05/02/2024

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General

Question	Answer
<p>Revised</p> <p>Q1. Will the provision of “no provider owned, leased, or operated facilities” be removed</p>	<p>No, the definition of community locations remains, “Locations must be non-disability specific and meet all federal standards for home and community-based settings. When provided in community locations, this service usually cannot take place in licensed facilities, or any type of facility owned, leased, or operated by a provider of other ODP services. Services are provided in a variety of integrated community locations that offer</p>

<p>from the definition of a community setting?</p>	<p>opportunities for the individual to achieve their personally identified goals for developing employment skills, community inclusion, involvement, exploration, and for developing and sustaining a network of positive natural supports. A maximum of 3 individuals can be served simultaneously by any one provider at a community location at any one time.”</p> <p>In accordance with <i>ODP Announcement 24-030</i>, participation in trainings held by Self Advocacy Power Network for All (SAPNA), the PA Family Network, as well as InVEST Project activities may be billed as community activities when the requirements in the communication are met.</p>
<p>Q2. During the explanation of Community Participation Support, the term “community hub” was used to explain a meeting place from which community integration would occur. Is this being formalized in some way or merely used as a concept?</p>	<p>There is no plan to formalize the term “community hub” beyond the current explanation in the waivers:</p> <p>“Community Hub: A Community Hub serves primarily as a gathering place prior to and after community activities. Individuals’ time will be largely spent outside of the hub, engaged in community activities. Community hubs would be non-disability specific, accessible, provide shelter in inclement weather and be locations used by the general public. Community hubs could be locations that are focused on a specialty area of interest for an individual or individuals served (for example, employment interest area, volunteer site, related to arts, outdoors, music, or sports).”</p>

<p>Q3. Can travel in a van to community outings where there are 2 groups of 1-3 be considered a community hub?</p>	<p>A van is not a community hub. If more than 3 individuals are transported at the same time, the units should be considered facility time.</p>
<p>REVISED</p> <p>Q4. Now that the variance process is no longer required for individuals when they spend less than 25% of their CPS time in a community setting, how will ODP ensure that individuals are provided opportunities to experience community inclusion in accordance with federal regulations?</p>	<p>The requirement to complete a variance for people who spend a small percentage of their CPS time in the community was suspended during the COVID-19 pandemic and was permanently removed from the waivers as a requirement effective November 11, 2023.</p> <p>The following requirements are included in the service definition for Community Participation Support:</p> <ul style="list-style-type: none"> • Each individual must be offered opportunities and needed support to participate in community activities that are consistent with the individual’s preferences, choices, and interests. • Each individual’s preferences, choices, etc. may change based on their experiences and as a result, providers must have conversations at least quarterly about community activities in which the individual would like to participate. <p>These additions align with the Centers for Medicare and Medicaid Services’ (CMS) guidance and make it clear that all providers who render Community Participation Support services (including Older</p>

	<p>Adult Daily Living Centers; please see Question 12) must offer opportunities and needed support to each individual to participate in community activities that are consistent with the individual’s preferences choices and interests. Providers must develop a method in which to document and maintain the documentation that they have discussed these opportunities with individuals at least quarterly.</p> <p>ODP expects that the Individual Support Plan (ISP) teams will discuss with the individual their desire to spend time in a community setting when receiving the CPS service. Additionally, individual choice in the CPS service is reviewed as part of the Quality Assessment and Improvement (QA&I) process and through individual monitoring completed by Supports Coordinators (SCs).</p>
<p>NEW</p> <p>Q5. Do we need to hold a separate conversation with each individual if we already talk weekly/monthly about activities they want to participate in? Where should these</p>	<p>The requirement to hold a conversation at least quarterly applies to all individuals who receive CPS, regardless of where the service is provided. The purpose of this conversation is to ensure that individuals are provided an opportunity to communicate their preferences for community participation and that the CPS provider is aware of the individual’s current interests.</p> <p>Conversations about planning for activities may already occur more frequently, and in those instances a separate conversation is not required. Please remember that there should be documentation of at least one conversation no more than three</p>

<p>conversations be documented?</p>	<p>months from the previous conversation, but this documentation can certainly show the conversations occurring more frequently.</p> <p>The conversations that must occur at least quarterly can be documented in a service note or progress note. Failure to perform, and maintain documentation of, this action is a violation of 55 Pa. Code §6100.182(g). Additionally, if the service occurs in a licensed facility, it is a violation of 55 Pa. Code §2380.21(l) and 2390.21(l).</p>
<p>REVISED</p> <p>Q6. How should providers track community inclusion for a service location?</p>	<p>Procedure codes for Community Participation Support are grouped by either a <i>community</i> location or a <i>facility</i> location. To determine the number of units for each, the ISP team must discuss approximately how many units of time the individual wants to spend in community locations and facility locations. This discussion should be person-centered, considering the individual’s preferences, choices ,and interests.</p> <p>Providers will need to anticipate and track the monthly amount of time each individual participates in integrated community activities to determine how many individuals at each service location receive less than 25% of their CPS time in a community setting. The average is based on all individuals who received services at the service location each month, averaged over two semi-annual periods of the Fiscal Year (July-December and January-June).</p>

	<p>ODP will be reviewing community participation percentages per service location to determine which locations might benefit from meaningful technical assistance.</p> <p>Providers with questions about data collection used to inform a Quality Management Plan and its Action Plan should reach out to ODP’s regional QM leads for technical assistance.</p>
<p>NEW</p> <p>Q7. When calculating the percent of time spent in a community setting, do providers have to calculate all individuals?</p>	<p>Yes. Providers must include all individuals whose CPS services were billed from the service location in the community percentage calculation for that service location.</p>
<p>NEW</p> <p>Q8. Who at a provider do you recommend completing data collection for each service location? Is this the same as the staff who should be writing the Quality Management (QM) plan? We have CPS supervisors that have never touched</p>	<p>Each provider should determine within their organizational structure which staff is best suited to track and calculate the required data. It may be the same staff who is responsible for the Quality Management plan for the provider, or a fiscal or programmatic staff. The staff responsible for the practice of quality management for the provider would be responsible for collecting the required information to inform the QM Plan and the associated Action Plan.</p>

<p>anything with quality management.</p>	
<p>REVISED</p> <p>Q9. We are trying to get all of our service locations to reach 25% community inclusion. How can we do that when some of our individuals change their minds about going into the community?</p>	<p>Each individual receiving CPS must be offered opportunities to participate in community activities consistent with their preferences, choices, and interests. To be compliant with the requirement for community participation, providers must have conversations at least quarterly with each individual they serve about the individual’s skills, interests, and desires as they relate to participating in community activities.</p> <p>Providers should be offering individuals meaningful opportunities to engage in their community based on the individual’s preferences, choices and interests including the frequency at which the individual wants to receive the CPS service in a community location.</p>
<p>REVISED</p> <p>Q10. How will the quality or meaningfulness of community participation be determined and/or evaluated? What level of detail will need to be provided?</p>	<p>The ISP team for each individual will develop outcomes and priorities for individuals for community integration activities based upon the strengths and preferences of the individual. Through individual monitoring, the Supports Coordinator will look for the connection between the person’s interests, preferences, and desired outcomes and the activities in which the individual is supported.</p> <p>Location is just as relevant as the type of activity. Activities in places where an individual is likely to spend more of their time</p>

	<p>may offer more meaningful interactions than infrequent interactions in places that they are less likely to visit in general.</p>
<p>Q11. Will the ordinary activities of everyday lives – haircuts, medical and dental appointments, grocery shopping – be considered experiences of community participation?</p>	<p>Yes, in so far as all of the following are met:</p> <ul style="list-style-type: none"> • it is part of the program of the provider and identified in the individual’s plan; and • the support that is provided falls within the service definition for Community Participation Support; and • it is consistent with the individual’s preferences, choices, and interests; and • the support is not the responsibility of another provider (for example, medical appointments for someone receiving residential services). <p>Note: Transportation to medical appointments cannot be billed to the waiver as it is a service available through Medical Assistance.</p>
<p>REVISED</p> <p>Q12. Without an expectation for people spending time in integrated community settings for people who receive services in</p>	<p>As noted in Question 2, the waivers require Older Adult Daily Living Centers providing Community Participation Support to ODP waiver individuals to offer those individuals opportunities and needed support to participate in community activities that are consistent with the individual’s preferences, choices, and interests.</p>

<p>licensed Older Adult Daily Living Centers, how can we ensure these centers are compliant with the Home and Community Based Services (HCBS) settings rule?</p>	<p>If an individual desires to have opportunities for community participation, providers of services in Older Adult facilities for ODP waiver individuals may also use the procedure codes that allow for time in community locations as per the person’s Individual Support Plan (ISP).</p>
<p>REVISED</p> <p>Q13. We have families that are already over their Person/Family Directed Support (P/FDS) cap or will be likely to exceed the cap if more units are moved to the higher rate of CPS Community. Several have told me that they do not want to cut services or change frequency and duration to afford the higher rate. Thus, they will choose to have their family member stay in the facility only because of money. What</p>	<p>If the individual chooses not to receive the service in a community setting, that is allowable as it is the individual’s choice, regardless of the factors taken into consideration to make this decision. The ISP team is required to discuss the benefits of this service and spending time in the community at each Annual ISP meeting.</p> <p>Providers are expected to assist individuals and families with developing natural supports. Individuals and families using cooperative arrangements or relying on natural supports for engagement in some community activities, again, may relieve pressure on the P/FDS cap.</p> <p>Individuals are also encouraged to pursue competitive integrated employment and may exceed the Person/Family Directed Support (P/FDS) cap by \$15,000 for employment services. Using this benefit could help individuals in this situation. CPS can and should be used as a wrap-around service, and fewer units at a higher</p>

<p>do we do in these situations?</p>	<p>community percentage may well fit within the cap as pressure is relieved from the cap by the employment services.</p>
<p>Q14. How will fees and expenses be covered for people to engage meaningfully with their communities?</p>	<p>Ultimately, individuals should pay these expenses, hopefully through their wages from employment.</p> <p>Community Participation Support is intended to facilitate long term, sustainable relationships, activities, and engagement with others in the community. Planning and coordination of these activities should consider the person’s resources to engage in an activity long-term.</p>
<p>Q15. Is there anything that prohibits a provider who is billing a waiver fee schedule rate from covering expenses an individual and/or staff may incur to participate in an activity?</p> <p>For example, the individual needs support to work out at the gym. The gym charges membership fees to the</p>	<p>As a general matter, fee schedule rates (unlike cost-based rates) are developed using varying factors and considerations and are paid without regard to “allowable” cost elements and individual provider cost considerations. As long as the provider is providing the services authorized in the individual ISPs, to the extent there are funds retained or earned in accordance with our regulatory requirements, there is no specific prohibition in paying for expenses incurred by staff or an individual to engage in an activity outlined in the ISP.</p> <p>Providers are advised to develop policies and procedures related to covering expenses on behalf of individuals to ensure alignment with individuals’ plans, ensure equitable coverage of such expenses among individuals, and ensure that the coverage of</p>

<p>person and the provider staff.</p>	<p>such expenses do not create an incentive that would be in violation of the federal anti-kickback statute.</p> <p><i>For reference:</i></p> <p><u>Anti-Kickback Statute [42 U.S §1320a-7b(b)]</u></p>
<p>Q16. An individual’s facility-based CPS building is closing, and the provider is suggesting 100 percent community CPS in its place. What conversations should the ISP team have to ensure the individual’s choice and control are respected?</p>	<p>The ISP team should always consider the individual’s choice, preferences, and control in writing an ISP with the idea of ensuring the individual is working toward their goals. When a transition such as this occurs, the ISP team should ensure that the individual is presented with all available options, including other programs that may be offered by other providers. There should be a clear connection between the individual’s preferences and choices and the actions the ISP team determines are necessary to meet needs associated with the individual’s preferences and choices. While the provider’s input as a team member is valuable, the provider needs to respect the individual’s preferences and not the provider’s business operational decisions.</p> <p>As the service definition states, Community Participation Support provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment. Services should result in active, valued participation in a broad range of integrated activities that build on the individual's interests, preferences, gifts, and strengths while reflecting their desired outcomes</p>

	<p>related to employment, community involvement, and membership.</p>
<p>Q17. If several providers arrive at the same community location, let's say farmers' market, and the balance of disabled and non-disabled persons is altered, would this still be considered community integration?</p>	<p>If the community location is an area shared with the general public such as a farmers' market, the number of disabled vs. non-disabled will not be at issue typically. However, we must be careful that we do not create segregated environments and experiences within public spaces.</p>
<p>Q18. Are providers expected to provide all transportation for individuals using the Community Participation Support service?</p>	<p>Transportation is included in this service. Providers should coordinate, arrange for, or provide all transportation needed during the provision of this service.</p> <p>The service definition was written with great flexibility to allow for a variety of approaches to transportation – approaches that work in rural, suburban, or urban areas.</p> <p>Providers can directly provide the service using cars or vans from their fleet, purchase ride services, coordinate carpools/cooperative arrangements with families, provide travel training for public transportation, arrange for paratransit, if necessary, or purchase public transportation passes.</p>

	<p>The rates for Community Participation Support do include assumptions for travel costs associated with providing the service.</p>
<p>Q19. Are providers expected to purchase passes for public transportation as part of this service?</p>	<p>Providers are not required to or expected to purchase public transportation passes but the purchase may be permissible.</p> <p>Please reference question 15 regarding a provider utilizing their own funds to cover expenses incurred by participating in an activity.</p>
<p>Q20. Transportation is not counted in community participation. The start time is when you arrive at the destination. Is that correct?</p>	<p>Community Participation Support includes transportation as an integral component of the service, for example, transportation to a community activity. The Community Participation Support provider is not, however, responsible for transportation to and from an individual's home.</p> <p>Providers may bill for all time supporting individuals, with transportation as a component of the service.</p> <p>In order for units to be billed as time in community locations or hubs, the provider must be transporting 3 or fewer individuals. If 3 or fewer individuals are being transported to a community location, the units billed as community locations may begin when the provider departs the facility.</p>

	<p>If the provider is transporting more than three people, the time may be billed as facility time but not as time in community locations.</p> <p>It should be noted that in general, transportation should not be the only community activity people are participating in, nor should it generally comprise the majority of a person’s community activity time. Community activities should be based on each person’s preferences, choices, and interests.</p>
<p>Q21. While on a planned outing, the service recipient decided once the destination was reached that they did not want to participate. Neither staff nor individual exited the vehicle. An alternate plan was to drive the service recipient around looking at sites for an hour and then return to the program. Could this fall under the definition for community-based time or</p>	<p>The time spent in the car could be considered community time because ODP has said community time starts when you get in the car, provided the staffing ratios are correct. This situation should be considered and billed as community time. The provider should document that the plan for the particular activity did not work and what adjustments they will make for the next trip to bring success.</p> <p>If the attempt to get the individual into the community is part of a strategy to help acclimate the individual to time in community settings/interacting with community members (for example, one week the provider drives the individual to the community event site, the following week the provider works on helping the individual feel comfortable getting out of the car and standing in the parking lot, etc.), then billing as community time would be allowable. The plan to help acclimate the individual should be</p>

<p>will this be considered facility based?</p>	<p>well documented as part of the Community Participation Support Outcome in the ISP.</p> <p>Providers have been encouraged to develop a list of alternate activities and choices and to develop strategies to address possible situations that may occur.</p>
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[Pre-Vocational](#)

Question	Answer
<p>Q22. What service can be used to support individuals working toward self-employment since the requirement for at least minimum wage for Small Group Employment or Supported Employment services is prohibitive? The example given was an artist creating pieces of art for sale/profit.</p>	<p>CMS defines self-employment as the operation of a trade or business by an individual or by a partnership in which an individual is a member. Community Participation Support could be used to provide prevocational training toward a self-employment outcome.</p>

<p>NEW</p> <p>Q23. How do you suggest encouraging individuals in 2390 Facilities, who are coming to the program to work in the facility, to spend time in their communities?</p>	<p>Community Participation Support is intended to flexibly wrap around or otherwise support community life secondary to employment, as a primary goal. It should result in active, valued participation in a broad range of integrated activities based on the individual's interests, preferences, gifts, and strengths while reflecting their desired outcomes related to employment, community involvement, and membership.</p> <p>When an individual is engaged in work experience and vocational training in a CPS Facility, there must also be opportunities and support provided for participation in community life, including competitive integrated employment. The pre-vocational component of CPS includes activities such as situational assessments to spend time at an employer's place of business to explore vocational interests and develop vocational skills. If the individual has expressed interest in a type of job, a specific employer, or a specific skill is needed the CPS provider could incorporate that interest or skill development into community activities. This type of support can help an individual advance to a higher level of vocational programming or competitive integrated employment, which is a core role of a Vocational Facility. If an individual has limited experience with or knowledge about competitive integrated employment, the provider is encouraged to utilize the community time exploring different employment locations and jobs that may be of interest to the individual based on their skills, preferences, and interests.</p>
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Regulatory

Question	Answer
<p>Q24. How are the program specialist standards (1 to 30 and 1 to 45) measured in the regulations (full-time or part time)?</p>	<p>Whether an individual attends a 2380 or 2390 part-time or full-time is not relevant to establishing the required number of program specialists. A program specialist can be responsible for up to 30 individuals in a 2380 and up to 45 individuals in a 2390 as specified in regulations and interpretive guidance. This includes individuals who attend the programs on a part-time or full-time basis.</p>
<p>REVISED</p> <p>Q25. What is the current requirement for newly funded 2380 or 2390 programs regarding the number of individuals they can have in daily attendance?</p>	<p>55 Pa. Code Chapter 6100 regulations and all ODP waivers currently state that Community Participation Support services may not be provided in a licensed facility that is newly funded and serves more than 25 individuals in the facility at any one time. This number includes individuals who receive services funded through a source other than the waivers, such as private pay, base funding, Community Healthchoices, etc.</p> <p>Effective January 1, 2022, relocations (facilities that are currently licensed to operate at one physical site that subsequently move to a new physical site) will be considered “newly funded” and will have to meet the requirement to serve no more than 25 individuals at any one time in a licensed setting.</p>

<p>NEW</p> <p>Q26. Which service locations are required to limit the number of individuals served to 150?</p>	<p>Service locations which held a 2380 or 2390 license and were enrolled and qualified to provide CPS services prior to January 1, 2020, may not currently serve more than 150 people in the facility at any one time. This number includes individuals who receive services funded through a source other than ODP’s waivers. If the service location has a licensed capacity of less than 150 people, the service location cannot exceed the licensed capacity.</p> <p>Effective January 1, 2022, relocations (facilities that are currently licensed to operate at one physical site that subsequently move to a new physical site) will be considered “newly funded” and will have to meet the requirement to serve no more than 25 individuals at any one time in a licensed setting.</p>
<p>REVISED</p> <p>Q27. How is “daily attendance” calculated for the maximum of 25 for newly funded facilities and relocations, and 150 for applicable existing facilities?</p>	<p>ODP is not using “daily attendance” for facility size requirements. Rather, ODP is using “maximum number of people present at any one time.” This number includes individuals who receive services funded through a source other than the waivers, such as private pay, base funding, Community Health Choices, etc.</p>

<p>Q28. How is capacity looked at for Dually licensed Older Adult facility/2380?</p>	<p>ODP will look at the maximum number of people present at any one time for the service location whether it is singly licensed or dually licensed.</p>
<p>REVISED</p> <p>Q29. If a provider converts a 2390 to a 2380 (or vice versa), do they need to limit the daily attendance to 25 people or can they maintain current capacity?</p>	<p>Existing programs licensed under 55 Pa. Code Chapter 2390 will be able to convert to a program licensed under 55 Pa. Code Chapter 2380 or vice versa and maintain their existing capacity. It should be noted that there are different requirements for the program, assessment and staff contained in these two licensing chapters that must be considered when thinking about converting a facility. People receiving services in a facility licensed under 55 Pa. Code Chapter 2390 should have an employment goal as that is the purpose of vocational services as stated in 55 Pa. Code §2390.158, “the facility shall provide services including work experience and other developmentally oriented, vocational training designed to develop the skills necessary for promotion into a higher level of vocational programming or competitive community-integrated employment.”</p> <p>For programs providing prevocational training to individuals; program specialists and supervisors of direct service professionals in facilities licensed under 55 Pa. Code Chapter 2380 must have one of the following within nine months of hire:</p>

	<ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or • Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.
<p>Q30. Is there any discussion of limiting production work in 2380 programs?</p>	<p>The 55 Pa. Code Chapter 2380 regulations are silent on level of production. Providers with concerns about determinations related to production work should seek legal advice.</p>

Quality Management Plan

Question	Answer
<p>NEW</p> <p>Q31. What will happen if a CPS QM plan is required for a service location, but one isn't completed?</p>	<p>ODP will be including a review of the requirements in the CPS service definition as part of the QA&I process. While questions related to the QM plan will initially be non-scored, ODP will score them in the future. When this occurs, remediation will be required. Remediation will include, but may not be limited to, including CPS in the service location's QM plan.</p>

<p>REVISED</p> <p>Q32. If a service location provides Community Participation Support and also provides Small Group Employment or Supported Employment/job coaching services to an individual, can these services count toward the community integration requirement for the service location?</p>	<p>Regulatory requirements mandate licensed 2390 facilities to provide services including work experience and other developmentally oriented vocational training designed to develop the skills necessary for promotion into a higher level of vocational programming or competitive community-integrated employment.</p> <p>The following question is included in the Quality Assessment and Improvement questions tool for providers:</p> <p>“Enter the number of individuals who have transitioned from prevocational services to competitive integrated employment during the review period.”</p> <p>The time an individual spends in Supported Employment or Small Group Employment cannot be counted toward the time spent in a community setting measurement for the Community Participation Support service location.</p> <p>To acknowledge CPS providers that support individuals to transition to employment services, ODP recommends the following be included in Quality Management Plans (when applicable) for community activities when required for a service location:</p> <ul style="list-style-type: none"> • The number of individuals who have transitioned from prevocational services to competitive integrated employment,
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	<ul style="list-style-type: none"> • The number of individuals receiving Community Participation Support who are also receiving Supported Employment or Advanced Supported Employment through ODP, • The number of individuals receiving services and support through the Office of Vocational Rehabilitation (OVR) and/or a Work Incentives Planning and Assistance (WIPA) program, <p>How the service location supports individuals who are employed or receiving employment services through ODP, OVR, and/or a WIPA program. In other words, how does Community Participation Support at this service location function as a wrap-around to these services and activities.</p>
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Training

Question	Answer
<p>Q33. What is the required, Department-approved Community Participation Support training?</p>	<p>The Department-required training is offered in 2 ways:</p> <ol style="list-style-type: none"> 1. 100% online: Pre-test, 7 Module Training, Post-Test, Certificate provided. All completed on MyODP.org. 2. Combination online and face-to-face:

	<ul style="list-style-type: none"> • Online on MyODP.org – Pre-test, Module 1 Face-to-Face – Modules 2-7 provided in-house by the provider • Online on MyODP.org – Post-test. Certificate provided. <p>The online modules are available at: https://www.myodp.org/course/view.php?id=993</p>
<p>Q34: We have a number of new hires. How much time do they have to get the ODP-mandated training on Community Participation Support?</p>	<p>All new hires must complete the Department approved training on Community Participation Support within 60 days of hire, and during that time they must be supervised by someone who has completed the training.</p>
<p>Q35. Our agency hired a Direct Support Professional (DSP) who previously completed ODP’s training on Community Participation Support. Is our new DSP required to retake the training to meet the requirement that all DSPs must have the ODP</p>	<p>No, it is not necessary for newly hired DSPs to retake the ODP-required training if they have already completed it and can provide a copy of the course certificate. ODP requires providers to maintain this documentation in accordance with 55 Pa. Code §6100.141.</p> <p>ODP has no plans at this time to require DSPs who have completed the course to retake it and earn an updated certificate.</p>

<p>training within 60 days of hire?</p>	
<p>Q36. Who is required to have the ACRE or CESP training when providing Community Participation Support?</p>	<p>For programs providing prevocational training to individuals, program specialists and supervisors of direct support professionals must have one of the following within nine months from day of hire:</p> <ul style="list-style-type: none"> • A Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or • A Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. <p>This applies to the following providers:</p> <ul style="list-style-type: none"> • In licensed 2390 prevocational facilities, all program specialists and all staff that supervise direct support professionals must have the ACRE or CESP. • In 2380 facilities supporting individuals with vocational or employment outcomes in their ISPs and/or are engaged in subminimum wage work, contract or piece work activities, the responsible

	<p>program specialists and all staff that supervise direct support professionals who support that individual must have the ACRE or CESP.</p> <ul style="list-style-type: none"> • Non-facility Community Participation Support agency providers who provide prevocational support in community settings, supporting individuals with vocational or employment outcomes in their ISPs the responsible program specialists and all staff that supervise direct support professionals who support that individual must have the ACRE or CESP. • Any individual Non-facility Community Participation Support providers who provide prevocational support in community settings, supporting individuals with vocational or employment outcomes must have the ACRE or CESP.
<p>Q37. Our provider agency has several DSPs who are providing Community Participation Support services. They would like to pick up extra hours as direct staff delivering Small Group Employment services. We realize that they need to acquire</p>	<p>ODP has determined that “within nine months of hire” means within nine months of hire in the position that requires the qualification standard. This gives all employees hired for a specific position the same period of time to obtain the certification whether they are hired internally (from within the agency) or externally.</p>

<p>ACRE or CESP certification. Are these DSPs considered new employees for the sake of meeting the qualification of acquiring the required certification, which would give them nine months from the start of delivering that service, or must they already have the certification?</p>	
<p>Q38. Our facility is a dually licensed Older Adult Daily Living Center and 2380 program but we are not vocational. Our community outings are geared toward activities and integration. Are our program specialists and supervisors required to get ACRE or CESP certification?</p>	<p>For 2380 facilities supporting individuals with vocational or employment outcomes in their ISPs and/or who are engaged in subminimum wage work, contract or piece work activities, the responsible program specialists and all staff that supervise direct support professionals who support that individual must have the ACRE or CESP.</p> <p>Prevocational services are considered “anything on (an individual’s) employment journey” – activities in the prevocational setting or in the community that help the individual achieve his or her employment outcome. If none of the above apply, then the program specialists and supervisors would not need ACRE or CESP certification.</p>

	The same advice applies to dually licensed Older Adult and 2380 facilities.
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Billing

Question	Answer
<p>Q39. If a DSP departs the facility with an individual partially into a 15-minute unit, should the unit be billed as community or facility?</p>	<p>Community billing codes may only be used for provision of full 15-minute units.</p>
<p>NEW</p> <p>Q40. What procedure codes should an Older Adult Daily Living Center use when providing teleservices?</p>	<p>Effective January 1, 2024, the appropriate CPS teleservices procedure codes that reflect the staff to individual ratio of teleservices provided should be used. The procedure codes are:</p> <ul style="list-style-type: none"> • W0065 – 1:1 to 1:5 • W0066 – 1:6 and above
<p>NEW</p> <p>Q41. What happens if it's snowing and unsafe to</p>	<p>In order for a service to be billed, it must be provided. ODP has included Teleservices Guidance in the ISP Manual as a means of reviewing all requirements that must be met before teleservices</p>

<p>drive the individual on that day. Should that be billed as teleservices if it's just one day unexpectedly.</p>	<p>can be used to provide a service in any situation. The Community Participation Support service section of the ISP Manual also provides additional guidance on specific CPS requirements for using teleservices. As long as the guidance is followed, CPS Teleservices would be able to be provided and billed due to inclement weather for individuals who live in private homes (including homes where Life Sharing is provided).</p>
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Other

Question	Answer
<p>REVISED</p> <p>Q42: What should staff do when personally needing to use the bathroom? When out in a group with a 1:3 ratio, how should bathroom usage be handled when only one individual needs to use it and they have mixed genders going on outings together?</p>	<p>This is an issue many direct support professionals (DSPs) will face. The challenges are real, but the provider can make this work with planning. The provider agency can also share strategies with the team that is working with other people the provider supports. The ISP should include clear community supervision needs of every individual.</p> <p>In addition, the provider's management staff may want to meet to develop strategies and methods to help their staff deal with this type of situation. Some issues to consider are who is in the group, which staff member is leading the group, access to restroom facilities at community hubs, possible availability of</p>

	<p>management staff as backup, distance from a provider’s facility, availability of natural supports, etc.</p> <p>Providers that own multiple facilities can direct their DSPs to use other, nearby facilities owned by that provider. Also, providers can arrange a facilities-sharing agreement with other providers; if a group from Provider A needs a bathroom break or a changing table, they can go to a nearby facility owned by Provider B and use their facilities.</p>
<p>Q43. Is a provider required to have a licensed 2380 or 2390 in order to provide Community Participation Support?</p>	<p>No. Providers of Community Participation Support do not need to have a licensed facility to provide the service. Agency or individual provider qualifications are included in the waiver applications.</p>
<p>REVISED</p> <p>Q44. When is it residential habilitation without day versus Community Participation Support?</p>	<p>“Licensed Residential Habilitation Without Day” is any day in which one of the following occurs:</p> <ul style="list-style-type: none"> • An individual solely receives services that are part of the Residential Habilitation service; or • An individual receives fewer than 5 hours of services and/or unpaid supports that are not included in the Residential Habilitation service.

	<p>Community Participation Support may not be provided in-person in Licensed and Unlicensed Residential Homes. When provided in community locations, this service cannot take place in licensed facilities, or any type of facility owned, leased, or operated by a provider of other ODP services.</p> <p>The appropriate service should always be based on the outcome(s) in the individual’s plan and the expectations outlined in the service definitions.</p>
<p>Q45: For individuals without a day program, can the residential staff do the community participation with the individual?</p>	<p>In order for a provider to render Community Participation Support, the provider must meet all of the qualification criteria for the Community Participation Support service as outlined in the approved waivers. If a residential provider is qualified and enrolled to provide Community Participation Support and the individual chooses the same provider, then the residential provider can also provide Community Participation Support to the individual. Individuals must be offered a choice of providers for all services, and evidence of this choice must be available.</p>
<p>REVISED</p> <p>Q46: Can a provider bill for community participation units for evening and weekend community engagement</p>	<p>For individuals who receive Residential Habilitation services, yes, there are restrictions on this in order to avoid duplicate payment.</p> <p>Community Participation Support services are generally provided between 8am to 5pm weekdays but are not restricted to those hours of the day. Alterations from typical day/work hours should be customized based on the person’s natural rhythms and/or preferred activities (not for convenience of a provider). CPS is not</p>

<p>activities? Are there restrictions on this?</p>	<p>intended to be a wrap-around service for Residential services and supports.</p> <p>Residential Habilitation service providers are responsible to provide, among other types of assistance, support with the development and maintenance of relationships with people in the broader community, support wellness activities, support an individual with civic responsibilities, and support engagement with hobbies and personal interests. Because the Residential Habilitation service definition describes broad responsibilities for supporting individuals, for people who receive Residential Habilitation services Community Participation Support should only be provided outside of weekday hours of 8am to 5pm when <u>all</u> of the following conditions are met:</p> <ul style="list-style-type: none"> • For any day for which the individual receives Community Participation Support outside of typical hours, the Residential Habilitation provider bills “With Day”. (For example, the individual receives Community Participation Support to attend a Bible study every Monday and Wednesday afternoon and on Saturday evenings. For the Saturday evenings, the Residential Habilitation provider must bill “With Day” regardless of how many hours the individual is supported for this Community Participation Support activity.)
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	<ul style="list-style-type: none"> • The activities for which the individual is supported are in a community location or community hub with a total of 3 or fewer people receiving the Community Participation Support service. • The activities for which the individual is supported are part of a regularly scheduled activity, group, or class that is directly connected to an inclusion or employment outcome that the Community Participation Support service is supporting the individual to pursue.
<p>NEW</p> <p>Q47. A family member of the owner of the CPS program is the Executive Director of a Non-profit agency. Can CPS support the individuals to volunteer at the non-profit agency, or is this a conflict of interest?</p>	<p>A conflict of interest may promote conscious or unconscious “steering” (to particular community locations) based on the needs/interests/relationships of the provider or their staff and not the preferences and choices of the individuals they support. In addition, when a provider or their staff is related to or affiliated with individuals who own, operate, or oversee a community location, this puts the individual in a difficult position when potentially having to report concerns or request a change in where the services and supports are provided.</p> <p>Providers are responsible for ensuring individuals are offered opportunities and needed support to participate in community activities that are consistent with the individual’s preferences, choices, and interests. This includes providing choice and options</p>

	<p>to the individual of where to receive the service as well as documenting that these were offered.</p> <p>To avoid situations where there may be a conflict of interest, all providers are recommended to develop, if they have not already, a conflict-of-interest policy to ensure that the individual is provided choice of where to receive the service and that there is documentation showing this occurred.</p>
<p>REVISED</p> <p>Q48. The definition for CPS references “planning and coordination” as part of the service. Does this mean we can bill for planning and coordination if the individual is not present for those activities?</p>	<p>Yes, planning and coordination is a billable component of the service. All of the following conditions must be met and documented by the provider:</p> <ul style="list-style-type: none"> • It is distinct from and not duplicative of required planning activities of program specialists, including participation in ISP meetings; • It specifically reflects one or more of the planning or coordination activities listed in the service definition for the specific individual; • It meets all of the requirements for claims documentation; • It is billed at the lowest facility staffing that is authorized in the individual’s plan. <p>Providers may bill for each individual for whom the planning and coordination service is utilized. For example: If a program</p>

	<p>specialist plans for a community activity in which three individuals will take part, the provider may bill for planning and coordination for all three individuals at no lower than a 1:3 facility ratio, assuming that all three individuals have sufficient units in their plans.</p> <p>ODP expects that this component of the service will be utilized judiciously, and ODP will carefully monitor billings for this component of the service. Providers should note that use of this component of the service will lower the individual’s percentage of time spent in the community, because planning and coordination is only able to be billed using facility units.</p> <p>ISP teams should also be mindful of the potential financial effect of using units for planning and coordination on individuals in waivers with annual fiscal limits (P/FDS or Community Living).</p>
<p>NEW</p> <p>Q49. The ISP Manual indicates that for individuals aged 18 and older, fading of the service and less dependence on paid support for ongoing participation in community activities and</p>	<p>To assist with connecting with the community and developing relationships over time, schedules should include options for routine participation in activities at set locations based on an individual’s preferences, choices, and interests.</p> <p>Maximizing the interaction that individuals have with community members helps build the networks and relationships of individuals. It also creates an increased understanding by the community of the value and contributions that individuals with disabilities make, while also potentially reducing the reliance on</p>

<p>relationships is expected. Fading strategies, similar to those used in Supported Employment, should be utilized whenever appropriate. Can you provide further clarification?</p>	<p>paid supports. ODP encourages the use of community and natural supports to empower individuals to have an everyday life.</p> <p>This aligns with the foundation of Everyday Lives: Values in Action. “We value what is important to people with disabilities and their families, who are striving for an everyday life. An everyday life is about opportunities, relationships, rights, and responsibilities. It is about being a member of the community, having a valued role, making a contribution to society, and having one’s rights as a citizen fully respected. It is a vision that we should all be working toward together.”</p>
<p>Q50. Is there a consideration for Small Group Employment to occur in a licensed facility? Can individuals who are authorized for Small Group Employment utilize a 2380 or 2390 as their pick-up/drop off/in-between work site? In other words, can an individual be authorized for a combination not to exceed 50 hours per week</p>	<p>Small Group Employment must take place in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations.</p> <p>A person can be authorized for any combination of Supported Employment, Small Group Employment and Community Participation Support. If Supported Employment is an authorized service, then the individual may receive a maximum of 50 hours of these services per week.</p> <p>Community Participation Support is intended to function as a “wrap around” service. It could absolutely be used to “wrap around” employment services.</p>

of Community Participation Support/Small Group Employment/Supported Employment?	
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