



**Appendix K: Emergency Preparedness and Response
Operational Guide
for the
Intellectual Disability/Autism (ID/A) Waivers**

Version 1.0¹

Released: 03/23/20

¹ This guide will be updated as additional clarification is developed.

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I. Overview

In response to Coronavirus (COVID-19), Pennsylvania submitted Appendix K to the Centers for Medicare and Medicaid Services (CMS) requesting specific amendments to the approved 1915(c) waivers during this emergency. Appendix K was approved by CMS on March 18, 2020.

The population served through Pennsylvania's Office of Developmental Programs (ODP) may be particularly vulnerable to COVID-19 due to:

1. underlying health conditions such as higher levels of diabetes and cardiovascular disease than the general public;
2. reliance on support from others for activities of daily living;
3. deficits in adaptive functioning that inhibit ability to follow infection control procedures;
4. receipt of care in congregate facility-based settings. ODP currently has approximately 56,000 individuals enrolled for services with approximately 36,000 of those individuals receiving services through one of ODP's approved 1915(c) waivers.

Pennsylvania manages four (4) 1915(c) waivers Person/Family Directed Support, Community Living, Consolidated (i.e. Intellectual Disability/Autism [ID/A]) and Adult Autism Waivers (AAW). *There are approximately 2,400 individuals currently on the waiting list who live with family and whose primary caregivers are over age 60. Family caregivers falling ill with COVID-19 may also result in an increased need for emergency services.*

The Office of Developmental Programs has created a [Coronavirus \(COVID-19\) Updates webpage](#) for stakeholders to stay up to date with updates and resources from ODP. This guide will be posted to this webpage.

II. Purpose and Usage

The purpose of this document is to provide operational guidance to specific temporary and emergency amendments granted under Appendix K by CMS. It is intended to be a guide for ODP, Administrative Entities, Supports Coordination Organizations, and Providers (including services rendered under one of the participant-directed services models) to ensure adherence to the conditions of the emergency amendments approved in Appendix K and provide specific guidance on process, documentation, and health and safety measures.



This icon indicates a notification requirement or an incident requirement



This icon indicates additional documentation related to changes contained in Appendix K.

III. Scope

This operational guide applies to services rendered, including services rendered under one of the participant-directed services models, under the three 1915(c) waivers operated by ODP (Person/Family Directed Support, Community Living and Consolidated Waivers). The changes in this operational guide 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.

IV. Effective Dates

The changes identified in this operational guide are effective starting March 11, 2020 and will continue to be in effect until an end date is provided by ODP. Needed changes covered in this document can be made effective retroactively to March 11, 2020, but not prior to this date.

Once the end date of Appendix K is determined, all changes made to implement Appendix K must end. As all changes in this operational guide are specific to COVID-19 impacts, and Appendix K will only end when there are no longer widespread impacts caused by COVID-19, there will no longer be a need for participants to maintain service changes allowable through Appendix K. As such, changes made to ISPs to revert services back to levels prior to being impacted by COVID-19 will not be subject to fair hearing and appeal requirements.

V. Billing Logic and Documentation

ODP acknowledges not all billing scenarios can be identified during the COVID-19 response. On February 20, CMS provided direction to states on ICD-10-CM billing codes related to COVID-19. Based on this guidance, ODP will be utilizing “Z03.818 medical diagnosis code” for claims when something is “out of the ordinary” and it is likely that reconciliation or adjustment will be needed. When services have been impacted by COVID-19, ODP recommends providers include the Z03.818 medical diagnosis code in addition to the regular program diagnosis code on PROMISe claims utilizing the following logic in order of preferred method:

1. The service on the ISP is correct or a critical revision is made that reflects the service that was rendered. **(Do not use the diagnosis code Z03.818 on the claim.)**
 - A critical revision to the ISP is required to add needed Supplemental Habilitation and/or Shift Nursing.

2. The service on the ISP is correct or a critical revision is made that reflects the service that was rendered, but the service was rendered in accordance with Appendix K. **(Include the diagnosis code Z03.818 on Field 21.B of the claim.)**
 - Services that are provided remotely or via telephone.
 - Residential Habilitation services rendered beyond the home's approved program capacity.
 - More than 14 hours per day of In-Home and Community Support, Companion and/or Community Participation Support is provided to meet the needs of participants without a previously approved variance.
 - More than 40 hours per week of In-Home and Community Support and/or Companion is rendered by a relative or legal guardian. More than 60 hours per week of In-Home and Community Support and/or Companion is rendered by multiple relatives or legal guardians.
 - Respite is rendered in a location that is not enrolled and qualified to render the Respite service (examples: private ICFs/ID or a residential location).

3. The service on the ISP does not reflect the service/staffing ratio that is being rendered, but a similar service is authorized on the ISP and the provider bills to help support cash flow. **(Include the diagnosis code Z03.818 on Field 21.B of the claim.)** ODP has developed the attached template to assist getting ISPs updated expeditiously and implemented other payment changes to help with cash flow, so it hoped that this scenario will not be widely used. Please make every effort to have ISPs updated to reflect circumstances.

During this crisis, health and safety activities for individuals and families are paramount. **Retroactive authorizations** to March 11, 2020 can be made to remove barriers between HCSIS authorizations and providers rendering a service. Providers should contact the Supports Coordinators to discuss the need for retroactive authorizations. Administrative Entities are available for technical assistance when major changes are discussed or if there are concerns about requests.

Supports Coordination Organizations are not required to use these ICD-10 codes.

Providers must document what actions were taken and maintain evidence for why actions were taken:

- Medical records. Example: Individual #1 tests presumptively positive for COVID-19. The provider relocates Individual #1 and suspends his participation in all activities with housemates until medically cleared by a physician. The provider should maintain copies of the positive test result and medical clearance to support the relocation and suspension of participation.
- Correspondence and other records demonstrating inability to meet required staffing ratios. Example: Provider A’s provider-employed DSPs are unable to report to work due to COVID-19-related reasons. Provider A attempts to secure temporary staff from multiple staffing agencies, but each agency reports that they too are experiencing staff shortages. As a result, Provider A is out of compliance with required staffing ratios. Provider A should retain copies of correspondence with each of the staffing agencies contacted to demonstrate that all possible efforts were made to secure enough staff.

Provider - ISP Tracking Template

Providers may use the ISP Tracking template to coordinate and track plan changes with their SC and AE organizations. For ease of use, ODP recommends utilizing one file for each AE/SCO combination. In other words, include all individuals for each AE/SCO combination on one file and save the file as “provnameMPI ae sco”. This will facilitate updating and approving.

Step 1...Cell B1: Enter provider name

Step 2...Cell B2: Enter provider MPI (9 digits)

Step 3...Cell A5: Enter individual MCI (9 digits)

Step 4...Cell B5: Select authorizing AE from dropdown

Step 5...Cell C5: Select updating SCO from dropdown

Step 6...Cell E5: Enter applicable Service Location Code (4 digits)

Step 7...Cells F5 thru J5: Select applicable Service and Code dropdowns

Step 8...Cell K5: Enter number of units needed or affected

Step 9...Cell L5: Select appropriate Action

Step 10...Cells M5 and N5: Select requested Effective and End Dates

Repeat steps 3 thru 10 for each individual/service combination needing update

Columns O and P can be used by SC and AE to record comments or completion in HCSIS

VI. Guidance for Determining Whether Appendix K Applies

All changes contained in this operational guide may only be implemented for participants impacted by COVID-19. The following questions can be utilized to determine whether requests and authorizations will be covered under Appendix K:

- What change occurred for the participant as a result of COVID-19?
 - a. Was the participant receiving Community Participation Support services in a licensed facility that closed?
 - b. Was the participant diagnosed with COVID-19 that requires relatives to render services when direct support professionals are unwilling to render services while the participant is contagious?
 - c. Was the participant's caregiver or a person with whom they live diagnosed (presumptive or confirmed) with COVID-19?
 - d. Was the participant's direct support professional diagnosed (presumptive or confirmed) with COVID-19?
 - e. Is the participant's direct support professional isolating at home or quarantined due to exposure to someone diagnosed (presumptive or confirmed) with COVID-19?
 - f. Is the participant's direct support professional unable to render services due to caring for a child(ren) due to closure of schools or day cares as a result of COVID-19?
 - g. Is the participant's direct support professional unable to render services due to caring for a family member diagnosed with COVID-19?
 - h. Is the provider unable to provide staffing at pre COVID-19 required levels due to overall shortages of staffing and inability to secure additional staff?
 - i. Is the participant's family refusing to allow direct support professionals into their home as part of social distancing?
- Is the change requested covered in this operational guide? If not, please contact your regional ODP office.

Given the rapid response that will be necessary to ensure participant health and welfare and to avoid delays while waiting for approval and authorization of ISP changes in HCSIS, documentation of verbal approval or email approval of changes and additions to individual plans will suffice as authorization. More information can be found under the operational guidance for Appendix D.

VII. Emergency and Temporary Requirements in the Person/Family Directed Support, Community Living and Consolidated Waivers

Waiver Reference: Appendix B-6-f
Process for Level of Care
Appendix K Requirement(s): <ol style="list-style-type: none">1. When ICF/ID or ICF/ORC level of care is evaluated, it is not required that a physician recommend, certify, or verify that the individual should receive the level of care furnished through the waiver.2. Level of care recertification can be extended from 365 days of the initial evaluation and subsequent anniversary dates to 18 months from initial evaluations.
Operational Guidance:
<ol style="list-style-type: none">1. To reduce the need to visit a doctor’s office, individuals and families will not be required to obtain the results of a medical evaluation to be determined eligible for enrollment in any of the waivers. Administrative Entities (AEs) will determine initial level of care for enrollment in a waiver through the other 3 criteria listed in the waivers:<ol style="list-style-type: none">a) Verification of diagnosis of intellectual disability, autism or developmental disability.b) Certification by a Qualified Developmental Disability Professional (QDDP) that the individual has impairments in adaptive behavior based on the results of a standardized assessment.c) Documentation that substantiates that the individual has had these conditions of intellectual and adaptive functioning deficits which manifested during the developmental period which is from birth up to the individual’s 22nd birthday. For individuals with a developmental disability, there must be documentation that the individual is 8 years of age or younger.2. Administrative Entities are also being given an additional six months to complete level of care redeterminations for continued waiver eligibility. <p>ICD-10 codes discussed in Section V are not required for these changes.</p>

Waiver Reference: Appendix C-1/C-3
Community Participation Support – Service Definitions and/or Limits
Appendix K Requirements <ol style="list-style-type: none">1. A variance is not required to be completed when a participant requires more than 14 hours per day of In-Home and Community Support, Companion and/or Community Participation Support in order to meet the needs of participants. (Variances for this purpose are not a requirement in the Community Living and P/FDS waivers)

2. The requirement to provide services in community locations a minimum of 25% of participant time in service is suspended.
3. Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities). The modification of this right is not required to be justified in the ISP.
4. Community Participation Support may be provided in private homes.
5. Minimum staffing ratios as required by licensure, service definition, and ISP may be exceeded due to staffing shortages.
6. The requirement that no more than 3 people can be supported at a time in a community location is suspended.

Operational Guidance:

1. NOTIFICATION REQUIREMENT:



While variances do not need to be completed when a participant requires more than 14 hours per day of services listed, providers must notify each participant's Supports Coordinator when he or she needs an increase in the services currently authorized on the ISP or the addition of new services on the ISP.

2. No changes need to be made to the ISP to implement the suspension of the requirement that participants be given the choice to spend 25% of their time in community locations. Variances are not required to be completed when the 25% threshold is not achieved.
3. Requirements for visitors in licensed facilities where Community Participation Support may be provided are not addressed in this document at this time as all of these facilities were required to close effective March 17, 2020. Additional information about the closure of these facilities can be found in ODP communication 20-022.
4. ODP encourages Community Participation Support providers to continue to support participants in their homes during the closure of licensed Day Habilitation and Vocational Facilities and many community locations. Community Participation Support 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.

Additional guidance about how Community Participation Support staff may be utilized to support people in private homes and communities, including in Residential Habilitation settings, can be found in ODP communication 20-022. **Please note: ODP is working on a process to automatically change Residential Habilitation authorizations from "with day" to "without day" when impacted by the closure of licensed facilities**

where Community Participation Support was rendered. Please do not contact Supports Coordinators to make these changes to ISPs.



NOTIFICATION REQUIREMENT FOR 2 THROUGH 4:

When Community Participation Support implementation of any of the requirements listed above require changes in currently authorized staffing ratios or the addition of units of community procedure codes, the provider must notify each participant's Supports Coordinator **utilizing the "Provider - ISP Tracking Template"** so that these changes can be added and authorized in the ISP. The provider must inform the Supports Coordinator when these services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.

Minimum staffing ratios as required by licensure, service definition, and ISP may be exceeded due to staffing shortages.

5. When rendering group services to participants in the community, providers must follow current guidance on social distancing and interactions with others.
6. ISP changes may not be required to support more than 3 people in a community location when changes in staff requirements are not requested. For example, if 1:3 community procedure codes are already authorized on participants' ISP, and two groups of 3 participants go to a community location together with two staff (1 staff for each group of 3 participants), a change to the ISP is not needed.

Residential Habilitation, Life Sharing and Supported Living – Service Definitions and/or Limits (Does not apply to the P/FDS Waiver)

1. Service definition limitations on the number of people served in each licensed or unlicensed home may be exceeded.
2. Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodating use of other sites as quarantine sites.
3. Each participant's right to choose with whom they share a bedroom is suspended. The modification of this right is not required to be justified in the ISP.
4. Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities). The modification of this right is not required to be justified in the ISP.
5. Shift nursing may be provided as a discrete service during the provision of residential habilitation, life sharing and supported living services to ensure participant health and safety needs can be met.
6. Supplemental Habilitation can be provided, without requesting a variance, during the provision of licensed residential habilitation, licensed life sharing and supported living services to address the increased needs of individuals affected by the

epidemic/pandemic or increased number of individuals served in a service location. Supplemental habilitation may be used to supplement staffing in the residential home itself or support a participant while the participant stays in the home of friends, staff or family.

7. Residential Habilitation, Supported Living, or Supplemental Habilitation services may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP.
8. Minimum staffing ratios as required by licensure, service definition and individual plan may be exceeded due to staffing shortages.
9. 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:
 - a) Residential Habilitation
 - b) Life Sharing
 - c) Supported Living
 - d) Supplemental Habilitation

Any one of these services can be provided in a hospital as long as it is medically necessary for the participant to be hospitalized due to a diagnosis of COVID-19.

Operational Guidance:

1 & 2: For Residential Habilitation, the number of people receiving services in each licensed or unlicensed home may not exceed 8 or the capacity listed on the certificate of occupancy, whichever number is lower. For Life Sharing, the number of people receiving Life Sharing services may not exceed 2. For Supported Living, the number of people receiving Supported Living may not exceed 3.

To implement this change, providers are not required to complete a request for Approved Program Capacity when there is a change to the number of people served in the home due to COVID-19. This applies for increases in the number of people served in a home to address staffing shortages or using homes as quarantine sites. This also applies to decreases due to a person's medical or hospital leave due to COVID-19 or when a person stays with family or friends due to COVID-19 (also known as reserved residential capacity). Providers are required to continue completing requests for Approved Program Capacity for any changes not due COVID-19.

NOTIFICATION REQUIREMENT:



Providers must notify each person's Supports Coordinator when there are plans to move the person to another home, or when emergency relocation is necessary. The Supports Coordinators will then notify the person's AE to ensure that there are no concerns about the relocation.

Changes to the ISP are not required when there will be an increase in the number of people served in a home. Providers can continue to bill the procedure code(s) for the

service location, including the approved program capacity at the service location, in the ISP prior to the increase in the number of people served in a home.

3. When increasing the number of people served in a home, accommodations should be as comfortable and dignified as possible. While each individual's right to choose with whom they share a bedroom is suspended, providers are still encouraged to help participants exercise rights to the fullest extent possible. Providers are responsible for talking with each person who will be required to share a bedroom to discuss their concerns, how privacy will be afforded and how choices will be negotiated. Requests such as sharing a bedroom with someone of the same sex must be honored. An unrelated child and adult may not share a bedroom. This guidance does not apply to Life Sharing and Supported Living homes that are owned, leased or rented by the participant as the participant must be given the right to determine who will live in his or her home.
4. Additionally, although requirements for visitors are suspended, providers *must* still facilitate personal relationships between each participant and persons of their choosing via cell phones/telephones and other technology (text, mail, Skype, sending photo graphs or videos, email, FaceTime, Alexa, Facebook Portal, etc.). Providers are expected to make every effort to support non-face to face contact between participants and their family and friends. The Department does not consider limiting visitors against an individual's wishes to be a violation of the individual's rights IF the visitation is limited to prevent the spread of COVID-19. Everyone in Pennsylvania is being asked to limit contact with others to prevent the spread of COVID-19. As such, limiting visitors against an individual's wishes to prevent the spread of COVID-19 does not need to be entered as a rights violation in Enterprise Incident Management (EIM). Limiting visitors for any reason not related to COVID-19 IS a rights violation and must be reported in EIM.
5. Shift Nursing may be authorized as a service for participants receiving Residential Habilitation, Life Sharing or Supported Living 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 in the home.
6. Per current waiver requirements, a variance is not required to be completed for the first 90 days that Supplemental Habilitation is authorized and rendered. The requirement to complete a variance for requests beyond 90 days is now also suspended. Supplemental Habilitation under Appendix K may only be authorized due to a participant being diagnosed (presumptive or confirmed) with COVID-19 which requires additional staff support at a 1:1 or 2:1 ratio.

7. Relatives and legally responsible individuals who render Residential Habilitation, Supported Living or Supplemental Habilitation must receive training on the participant's ISP for whom they are rendering these services. Training on the ISP must consist of basic health and safety support needs for that participant including but not limited to the Fatal Four, communication, mobility and behavioral needs.

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

Additional guidance regarding training requirements can be found in the section pertaining to Provider Qualifications.

Supplemental Habilitation may be provided by relatives or legally responsible individuals in the Residential Habilitation home or the private home of the relative or legally responsible individual.

NOTIFICATION REQUIREMENT FOR 5 THROUGH 7:



Providers must notify each person's Supports Coordinator, to have Shift Nursing or Supplemental Habilitation added to the ISP. The provider must inform the Supports Coordinator when these services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.

8. Regarding staffing ratios, ODP continues to encourage ISP teams to use person-centered thinking skills to discuss each participant's risk factors and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided; not the number of hours and people, but the reason why staff are there. More information about residential staffing ratios, including webinars and other resources, can be found at:

- Residential ISP Staffing: It's about the Person, Not the Numbers
<https://www.myodp.org/course/view.php?id=1513>
- Addressing Day to Day Risks with the Team
<https://www.myodp.org/course/view.php?id=404>



INCIDENT REQUIREMENT: Providers must report any incidents in which staffing shortages result in an alleged failure to provide care. Please see information contained in Appendix G below.

9. When services will be provided during the hospitalization of a participant, the provider can continue to bill the Residential Habilitation, Life Sharing or Supported Living service as long as a minimum of 8 hours of non-continuous care is rendered within a 24-hour

period beginning at 12:00 a.m. and ending at 11:59 p.m. 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.



NOTIFICATION REQUIREMENT: Providers must notify each person’s Supports Coordinator, to have Supplemental Habilitation added to the ISP. They must inform the Supports Coordinator when these services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.



DOCUMENTATION REQUIREMENT: 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.

Administrative Entity Guidance: Participants are not required to be discharged from the waiver if they are hospitalized beyond 30 consecutive days and are receiving services in a hospital setting for COVID-19.

Please note: ODP is working on a process to automatically change Residential Habilitation authorizations from “with day” to “without day” when impacted by the closure of licensed facilities where Community Participation Support was rendered. Please do not contact Supports Coordinators to make these changes to ISPs.

Education Support Services - Service Definitions and/or Limits

1. Allow all components of Education Support to be provided in accordance with any changes the university/college makes for distance/web learning.

Operational Guidance

1. No changes are necessary to implement this new requirement. ICD-10 codes discussed in Section V are not required for these changes.

In-Home and Community Support and/or Companion Services – Service Definitions and/or Limits

1. Due to changes in circumstance related to COVID-19, a variance is not required to be completed when a participant requires more than 14 hours per day of In-Home and Community Support, Companion and/or Community Participation Support in order to meet the needs of participants. (Variances for this purpose are not a requirement in the Community Living and P/FDS waivers)
2. Direct In-Home and Community Support and/or Companion services may be provided using remote/tele support when this type of support meets the health and safety needs of the participant.
3. Participants that require hospitalization due to a diagnosis of COVID-19 may receive In-Home and Community Support and/or Companion services in a hospital setting when the participant requires these services for communication, behavioral stabilization and/or intensive personal care needs.
4. 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.

Operational Guidance

1. **NOTIFICATION REQUIREMENT:**
 While variances do not need to be completed when a participant requires more than 14 hours per day of services listed due to changes in need or circumstance related to COVID-19, providers must notify each participant's Supports Coordinator when he or she needs an increase in the services currently authorized on the ISP.
2. When In-Home and Community Support or Companion services are provided using remote support or support via telephone, the provider is responsible for determining if this type of support will meet the health and safety needs of the participant. Billing may only occur when direct support professionals are actively engaging with participants via technology or over the phone.
-  **NOTIFICATION REQUIREMENT:** Providers must notify each person's Supports Coordinator, if services need to be added to the plan or additional units are required to implement this change. They must inform the Supports Coordinator when these services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.
3. In-Home and Community Support and Companion can be provided in the hospital as long as it is medically necessary for the participant to be hospitalized due to COVID-19. 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.



DOCUMENTATION REQUIREMENT: When services are provided during hospitalization, 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.

Administrative Entity Guidance: Participants are not required to be discharged from the waiver if they are hospitalized beyond 30 consecutive days and are receiving services in a hospital setting for COVID-19.

4. Relatives and legal guardians can provide any amount of needed In-Home and Community Support and/or Companion services. The needed services can be provided through traditional providers or one of the participant-directed services models, Agency With Choice or Vendor Fiscal/Employer Agent.



NOTIFICATION REQUIREMENT: When it is necessary for any one relative or legal guardian to render the currently authorized In-Home and Community Support and/or Companion in excess of 40 hours per week in a participant-directed services model, the common law employer or Agency With Choice provider must notify the Supports Coordinator at the beginning of the 3rd week that this will occur. The SCO will then notify the AE. The Supports Coordinator will determine if the occurrences are based on the impact of COVID-19. If the occurrences are determined to be based upon the impact of COVID 19, they will not be counted toward the 13-week limit per fiscal year.

Participants are not able to exceed the number of authorized units in the approved ISP. If changes need to be made to the ISP, the common law employer or Agency With Choice provider needs to contact the Supports Coordinator.

Behavioral Support and Supports Broker

1. Direct Behavioral Support and/or Supports Broker services may be provided using remote/tele support when this type of support meets the health and safety needs of the participant.

Operational Guidance

1. When Behavioral Support and/or Supports Broker services are provided using remote support or support via telephone, the provider is responsible for determining if this type of support will meet the health and safety needs of the participant. Billing may only occur when direct support professionals are actively engaging with participants via technology or over the phone. Providers can continue to bill indirect Behavioral Support and/or Supports Broker as currently approved in the waivers.



NOTIFICATION REQUIREMENT: Providers must notify each person’s Supports Coordinator, if services need to be added to the plan or additional units are required to implement this change. They must inform the Supports Coordinator when these services will start or were implemented due to an emergency, which cannot be prior to March 11, 2020.

Supports Coordination – Service Definition and/or Limits

1. Allow remote/telephone individual monitoring by Supports Coordination where there are currently face-to-face requirements.
2. Individual Support Plan team meetings and plan development may be conducted entirely using telecommunications.

Operational Guidance

1 and 2. Effective immediately and until further notice, ODP is NOT PERMITTING SCOs to conduct any SC activities in-person with individuals/families/caregivers (i.e: individual monitoring, ISP meetings, etc.) For the safety of everyone, SCOs should use phone or video conferencing solutions. The only exception would be if there are significant health and safety concerns and the only possibility to address is via an in-person visit.

SCOs are expected to schedule team meetings via conference call or similar technology.

ICD-10 codes discussed in Section V are not required for these changes.

Respite – Service Definition and/or Limits

1. Respite limits may be extended beyond 30 days annually without requesting a variance in order to meet the immediate health and safety needs of participants.
2. Respite services may be provided in any setting necessary to ensure the health and safety of participants.
3. Room and board are included in the fee schedule rate for Respite in a licensed Residential Habilitation setting.
4. Room and Board would be included in the fee schedule for settings used in response to the emergency.

Operational Guidance

1. NOTIFICATION REQUIREMENT:



While variances do not need to be completed when a participant requires Respite more than 30 units of day respite in a period of one fiscal year, providers must notify each participant's Supports Coordinator when he or she needs an increase in the number of day units of Respite currently authorized on the ISP.

2. Respite services may be provided in a setting/service location that is not currently enrolled or qualified to render services when the setting/service location is owned by a provider that is enrolled and qualified to render Respite services in another location. Example: A provider owns a residential home or private ICF/ID where they liked to render Respite. The provider is already enrolled and qualified to render Respite in a different service location. The provider can use the currently enrolled service location to render services in the residential home or private ICF/ID that is not currently enrolled and qualified to render Respite services.



NOTIFICATION REQUIREMENT: To implement this change, the provider must notify the participant's Supports Coordinator to add the Respite service and/or the service location in the ISP, if it is not already included on the ISP. While the ISP will not reflect the actual location where Respite is provided, the provider must notify the Supports Coordinator where Respite will be provided.



DOCUMENTATION REQUIREMENT: The service note must reflect where the Respite is actually provided.

Provider Qualifications

1. To allow redeployment of direct support and clinical staff to needed service settings during the emergency, staff qualified under any service definition in the waiver may be used for provision of any non-professional service under another service definition in C-1/C-3. Professional services exempt from this include; Supports Coordination, Therapy Services, Behavioral Support, Consultative Nutritional Services, Music Therapy, Art Therapy and Equine Assisted Therapy and Shift Nursing.
2. All staff must receive training on any individuals' ISPs for whom they are providing support. Training on the ISP must consist of basic health and safety support needs for that individual including but not limited to the Fatal Four.

Operational Guidance

1. ODP encourages providers to collaborate with another to ensure that individuals receive the services and support needed. To achieve this, providers can use direct support professionals who are qualified under a non-professional service to render another service. An example of this would be when a Residential Habilitation provider hires or redeploys staff who currently render Community Participation Support services to

render Residential Habilitation services. While individual staff do not have to meet the qualification criteria to render a specific service, providers must be enrolled and qualified in HCSIS to render the service.

2. When this occurs, providers must ensure that staff receive training on each individual's ISP to whom they will render services. The training must include basic health and safety support needs for each individual including but not limited to the Fatal Four, communication, mobility and behavioral needs.

Though ODP encourages providers to continue to meet annual training requirements, the following annual training requirements contained in §6100.143 are also being waived:

- The number of required annual training hours (24 or 12 depending on person being trained)
- Requirements for training on the topics of person-centered practices, community integration, individual choice and assisting individuals to develop and maintain relationships.



DOCUMENTATION REQUIREMENT: Providers must continue to document all annual training completed with staff, contractors or consultants. This includes documentation that staff, contractors or consultants received training on the following topics as required in §6100.143:

- The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. § § 10225.101—10225.5102), the Child Protective Services Law (23 Pa.C.S. § § 6301—6386), the Adult Protective Services Act (35 P.S. § § 10210.101—10210.704) and applicable protective services regulations.
- Individual rights.
- Recognizing and reporting incidents.
- The safe and appropriate use of behavior supports if the person works directly with an individual.
- Implementation of the individual plan
- Until further notice, if providers are unable to train new staff using the Standard Medication Administration Training Course, new staff may administer medications after they: (1) Complete ODP's Modified Medication Administration Training Course, available on [www.MyODP.org](https://www.myodp.org/course/index.php?categoryid=11) (<https://www.myodp.org/course/index.php?categoryid=11>). (2) Receive training from the provider on the use of the provider's medication record for documenting the administration of medication, and (3) Providers must retain record of staff's completion of the Modified Medication Administration Training Course by retaining a copy of the certificate of completion. ODP will notify providers when the Standard Medication Administration Training Course is again the requirement.

ICD-10 codes discussed in Section V are not required for these changes.

Limit(s) on Set(s) of Services: (Does not apply to the Consolidated Waiver)

1. The fiscal year limits enumerated in Appendix C-4 of the Community Living and Person/Family Directed Support (P/FDS) waivers 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.

Operational Guidance

1. 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, including their name, MCI# and the projected amount of ISP authorizations to the ODP appropriate Regional Office for review. ODP approvals will be communicated to the AE.

Participant-Centered Planning and Service Delivery

1. Given the rapid response that will be necessary to ensure participant health and welfare and to avoid delays while waiting for approval and authorization of ISP changes in HCSIS, documentation of verbal approval or email approval of changes and additions to individual plans will suffice as authorization. Upon validation that a verbal or email approval was provided for requested changes, AEs may backdate authorizations in HCSIS for waiver services provided during the period of time specified in Appendix K

Operational Guidance

1. NOTIFICATION REQUIREMENT:



Providers are responsible for notifying the Supports Coordinator as soon as they become aware of any changes needed to participants' ISPs. They must tell the Supports Coordinator the date that changes need to be implemented, which can be no earlier than March 11, 2020.



DOCUMENTATION REQUIREMENT: While email approval is preferred, when this is not possible Supports Coordinators must document verbal conversations with AEs where approval is given. Documentation must include the date and name of the person with whom the verbal conversation occurred in addition to all relevant information about the participant and provider for whom the approval applies.

Depending on the nature of the service that is or will be rendered, providers may be required to use ICD-10 codes discussed in Section V as enumerated throughout this **operational guide**. AEs and Supports Coordinators do not need to use ICD-10 codes discussed in Section V for the changes in Appendix D.



Participant Safeguards – Incident Management

1. The requirement to conduct an investigation of any incident of deviation in staffing as outlined in an individual plan may be suspended.
2. The requirement to submit an incident report for any deviation in staffing as outlined in the ISP may be suspended. If this requirement is suspended, providers must report any incidents in which staffing shortages result in a failure to provide care.
3. Suspension of requirements for allowing visitors to prevent the spread of COVID-19 is allowed and is not considered a rights violation. The modification of this right is not required to be justified in the ISP.

Operational Guidance

2. Many providers enter a neglect incident into Enterprise Incident Management (EIM) if the total number of staff on duty is lower than the total number of staff who are supposed to be on duty based on staffing needs specified in the individual plan. During the time that this provision of Appendix K is in effect, a neglect incident will NOT need to be entered into EIM if these circumstances exist as long as:
 - a. The reason there are fewer staff on duty than what is specified is in the ISP relates directly or indirectly to COVID-19; and
 - b. The individual receives all needed care.



INCIDENT REQUIREMENT: Providers must report any incidents in which staffing shortages result in an alleged failure to provide care, even if the staffing shortage is COVID-19 related.

3. The Department does not consider limiting visitors against an individual’s wishes to be a violation of the individual’s rights IF the visitation is limited to prevent the spread of COVID-19. Everyone in Pennsylvania is being asked to limit contact with others to prevent the spread of COVID-19. As such, limiting visitors against an individual’s wishes to prevent the spread of COVID-19 does not need to be entered as a rights violation in EIM. Limiting visitors for any reason not related to COVID-19 IS a rights violation and must be reported in EIM.

Rates, Billing and Claims and Supplemental or Enhanced Payments

1. The following rates may be increased to account for excess overtime of direct support professionals to cover staffing needs and to account for additional infection control supplies and service costs:
Residential Habilitation, Life Sharing, Supported Employment, In-Home and Community Support, Companion, Community Participation Supports, Respite, Shift Nursing.
2. Retainer payments may be provided for Community Participation Supports (day habilitation).
 - a) Retainer payments may be provided in circumstances in which facility closures are necessary due COVID-19 containment efforts.
 - b) Retainer payments may be provided in circumstances in which attendance and utilization for the service location drop to below 75% of annual monthly average 7/1/19 to 2/28/2020.
 - c) Retainer payments will not exceed 75% of monthly average of total billing under the 1915(c) waivers.

Operational Guidance

1. There is no provider action necessary at this time relative to temporarily increased rates. It is anticipated that temporarily increased rates would be applied retroactively.
2. There is no provider action necessary at this time relative to retainer payments for Community Participation Support. ODP will perform necessary calculations and providers will receive monthly payments through gross adjustments. It is anticipated that providers will see their first retention payment prior to March 31, 2020.