

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Pennsylvania

B. Waiver Title: Adult Autism Waiver

C. Control Number: PA.0593.R02.06

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

As of March 12, 2020, Pennsylvania has 20 presumptive cases and 2 confirmed cases of COVID19 and anticipates this number to increase. The population served through Pennsylvania’s Office of Developmental Programs (ODP) may be particularly vulnerable to infection and resulting illness 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; and (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. The interest list for the Adult Autism Waiver includes individuals who live with family and whose primary caregivers are over age 60. Family caregivers falling ill with COVID19 may also result in an increased need for emergency services. Pennsylvania seeks temporary changes to the Adult Autism Waiver to accommodate potential issues with staffing shortages and need for service provision outside of approved service descriptions to ensure participant health and safety needs can be accommodated during the emergency.

F. Proposed Effective Date: Start Date: 3/11/2020 Anticipated End Date: 3/10/2021

G. Description of Transition Plan.

H. Geographic Areas Affected:

On March 6, 2020 Pennsylvania's Governor declared a statewide emergency pursuant to the provisions of Subsection 7301(c) of the Emergency Management Services Code, 35 Pa. C.S. § 7101, et seq.

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

The Commonwealth's Emergency Operations Plan can be found here:
<https://www.pema.pa.gov/Preparedness/Planning/Documents/Commonwealth-Emergency-Operations-Plan-2019.pdf>

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. Access and Eligibility:

- i. Temporarily increase the cost limits for entry into the waiver.**
[Provide explanation of changes and specify the temporary cost limit.]

[Redacted]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

[Redacted]

b. X Services

i. ___ Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

Service Limits in Appendix C-1/C-3

Residential Habilitation, including life sharing

1. Service definition limitations on the number of people of served in each licensed home may be exceeded.
2. Prior written authorization through the use of the Residential Habilitation Request Form will not be needed.

Temporary Supplemental Services

1. Service limitations in Temporary Supplemental services can be exceeded beyond 540 hours in a twelve-month period to address the increased needs of individuals affected by the epidemic/pandemic or increased number of individuals served in a service location.

Respite

1. Respite limits may be extended beyond the 30 times the day unit rate per ISP plan year without requesting an exception in order to meet the immediate health and safety needs of participants.

Specialized Skill Development, Community Support

1. Community Support, when provided alone or in combination with Day Habilitation, Small Group Employment, and Supported Employment may be provided in excess of 50 hours per week without requesting an exception in order to meet the health and safety needs of participants.

iii. X Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside

of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Service Locations in Appendix C-1/C-3

Residential Habilitation, including life sharing

1. Service can be provided in licensed or unlicensed settings. Providers enrolled in the Consolidated or Community Living waivers to provide licensed or unlicensed Residential Habilitation can deliver services under the Adult Autism Waiver during this time.

Respite

1. Respite services may be provided in any setting necessary to ensure the health and safety of participants.
2. Room and board is included in the fee schedule rate for Respite rendered outside the home.
3. Room and Board would be included in the fee schedule for settings used in response to the emergency.

Day Habilitation

1. Day Habilitation may be provided in private homes.

Specialized Skill Development, Therapy (counseling), Family Support, and Nutritional Consultation

1. These direct services may be provided using remote/tele support when this type of support meets the health and safety needs of the participant.

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

Residential Habilitation, Temporary Supplemental Services, and Shift Nursing may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP. Relatives and legally responsible individuals must receive training on the participant's ISP for whom they are rendering these services, including training on the Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP). Training on the ISP must consist of basic health and safety support needs for that participant including but not limited to the fatal four.

When one of these services is rendered by relatives or legally responsible individuals, the provider agency authorized to render the Residential Habilitation, Temporary Supplemental Services, or Shift Nursing is responsible for ensuring that services are provided as authorized in the ISP and that billing occurs in accordance with ODP requirements.

The limitation for a family member to deliver services no more than 40 hours in a seven-day period will be extended to 60 hours in a seven-day period.

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Provider Qualifications in Appendix C-1/C-3

To allow redeployment of direct support and clinical staff to needed service settings during the emergency, staff qualified under any service definition in the Adult Autism 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, Therapies, Behavioral Specialist Services and Systematic Skill Building components of Specialized Skill Development, Nutritional Consultation, Family Support, and Shift Nursing.

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. In addition, if the participant has a Behavioral Support Plan and Crisis Intervention Plan, staff must be trained on the implementation of those plans.

ii. Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Residential Habilitation, including life sharing

1. 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.
2. Minimum staffing ratios as required by licensure, service definition and individual plan may be exceeded due to staffing shortages.

Day Habilitation

1. Minimum staffing ratios as required by licensure, service definition, and individual plan may be exceeded due to staffing shortages.
2. The requirement to provide services in community locations a minimum of 25% of participant time in service is suspended.

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

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. Initial level of care evaluations will consist of: 1) confirmation of autism diagnosis; 2) QDDP certification of impairments in adaptive functioning; and 3) Documentation substantiating that the individual has had these conditions of autism and adaptive functioning deficits which manifested during the developmental period which is from birth up to the individual's 22nd birthday.

Level of care recertification can be extended from 365 days of the initial evaluation and subsequent anniversary dates to 18 months from initial evaluations and subsequent anniversary dates.

f. X Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

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, including life Sharing, Supported Employment, the Community Support component of Specialized Skill Development, Day Habilitation, Respite, and Shift Nursing.

The rate setting methodology is the same. Upward adjustments are made to the supply costs (additional supplies for infection control) and overtime for direct support staff. Resulting temporary rate increases are not expected to exceed 40%.

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

Modifications to Supports Coordination

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

Participant Rights

1. 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 individual plan.
2. Suspend requirements for right to choose who to share a bedroom with. The modification of this right is not required to be justified in the individual plan.

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

Participants that require hospitalization due to a diagnosis of COVID19 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:

- Residential Habilitation, including life sharing
- Temporary Supplemental services
- Specialized Skill Development: Behavioral Specialist, Systematic Skill Building, and Community Support services
- Therapies

These services cannot be provided in a hospital for more than 30 consecutive days except in situations where it is medically necessary for the participant to be hospitalized for more than 30 consecutive days due to a diagnosis of COVID19.

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Retainer payments may be provided for Day Habilitation.

- Retainer payments may be provided in circumstances in which facility closures are necessary due to COVID19 containment efforts.
- 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.
- Retainer payments will not exceed 75% of monthly average of total billing under the 1915(c) waivers.

Through billing procedures, ODP will ensure that there will be no duplicative payments. Day Habilitation services rendered in private homes or other community settings to ensure participant health and safety will be deducted from any calculations for retainer payments.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of

individuals in the waiver program]. [Explanation of changes]

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 individual plan 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, ODP may backdate authorizations in HCSIS for waiver services provided during the period of time specified in Appendix K

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name:	Sally
Last Name	Kozak
Title:	Deputy Secretary, Office of Medical Assistance Programs
Agency:	Department of Human Services
Address 1:	625 Forster Street, Health and Welfare Building
Address 2:	
City	Harrisburg
State	PA
Zip Code	17120
Telephone:	717-705-5007
E-mail	sakozak@pa.gov
Fax Number	717-787-6583

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name:	Julie
Last Name	Mochon
Title:	Director, Division of Policy
Agency:	Department of Human Services, Office of Developmental Programs
Address 1:	625 Forster Street, Health and Welfare Building
Address 2:	
City	Harrisburg
State	PA
Zip Code	17120
Telephone:	717-783-5771
E-mail	jmochon@pa.gov
Fax Number	717-787-6583

8. Authorizing Signature

Signature: _____
Julie Mochon

State Medicaid Director or Designee

Date:	March 13, 2020
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First Name:	Julie
Last Name	Mochon
Title:	Director, Division of Policy
Agency:	Department of Human Services, Office of Developmental Programs
Address 1:	625 Forster Street, Health and Welfare Building
Address 2:	
City	Harrisburg
State	PA
Zip Code	17120
Telephone:	717-783-5771
E-mail	jmochon@pa.gov
Fax Number	717-787-6583

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification

Service Title:	Shift Nursing
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Shift Nursing is a direct service that can be provided either part-time or full-time in accordance with 49 Pa. Code Chapter 21 (State Board of Nursing) which provides the following service definition for the practice of professional nursing: "Diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The term does not include acts of medical diagnosis or prescription of medical, therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board."

Shift nursing for participants is generally not available through Medical Assistance Fee-For-Service or Physical Health Managed Care Organizations. Home health care, which is defined as a rehabilitative nursing component, is the only service available in the participant’s home through Medical Assistance.

Shift Nursing services may only be funded for participants through the Waiver if documentation is secured by the Supports Coordinator that shows the service is medically necessary and either not covered by the participant's insurance or insurance limitations have been reached. A participant's insurance includes Medical Assistance (MA), Medicare and/or private insurance.

This service may be provided at the following levels:

- Basic - Staff-to-individual ratio of 1:2.
- Level 1 – Staff-to-individual ratio of 1:1.

Participants authorized to receive Shift Nursing services may not receive the following services at the same time as this service: Respite (15-minute or Day); the Systematic Skill Building and Community Support components of Specialized Skill Development; Day Habilitation, Therapies, and Nutritional Consultation. Shift nursing may be provided as a discrete service during the provision of residential habilitation, including life sharing to ensure participant health and safety needs can be met.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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Provider Specifications

Provider Category(s)	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Nurse		Nursing Agency

(check one or both):					
Specify whether the service may be provided by (check each that applies):		<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):					
Provider Type:	License (specify)	Certificate (specify)		Other Standard (specify)	
Nurse	<p>Individual nurses must meet the following requirements:</p> <ul style="list-style-type: none"> • Be a Registered Nurse (RN) or Licensed Practical Nurse (LPN). • Comply with Title 49 Pa. Code Chapter 21. • Nurses with a waiver service location in a state contiguous to Pennsylvania must comply with regulations comparable to Title 49 Pa. Code Chapter 21. 			<p>Nurses must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation and training, 4. New providers demonstrate compliance with ODP standards through completion of self-assessment and validation of required documentation, policies and procedures. 5. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15. 6. Have Workers' Compensation Insurance, in accordance with state statute. 7. Be trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs. 8. Comply with Department standards related to provider qualifications. 	

<p>Nursing Agency</p>	<p>Staff (direct, contracted, or in a consulting capacity) providing Shift Nursing services must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN).</p> <p>Providers with a waiver service location in Pennsylvania must comply with Title 49 Pa. Code Chapter 21.</p> <p>Providers with a waiver service location in a state contiguous to Pennsylvania must comply with regulations comparable to Title 49 Pa. Code Chapter 21.</p>		<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. 2. Have a signed ODP Provider Agreement on file with ODP. 3. Complete standard ODP required orientation and training, 4. New providers demonstrate compliance with ODP standards through completion of self-assessment and validation of required documentation, policies and procedures. 5. Have Commercial General Liability Insurance. 6. Have Workers' Compensation Insurance, in accordance with state statute. 7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs. 8. Comply with Department standards related to provider qualifications. <p>Nurses working for or contracting with agencies must have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.</p>
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<p>Verification of Provider Qualifications</p>		
<p>Provider Type:</p>	<p>Entity Responsible for Verification:</p>	<p>Frequency of Verification</p>

	ODP or its Designee	At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.
	ODP or its Designee	At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.
Service Delivery Method		
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.