

Community Participation Supports Question and Answer Document

Question	Answer
<p>Q1. Will the provision of “no provider owned, leased, or operated facilities” be removed from the definition of a community setting?</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 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 opportunities for the participant to achieve his or her 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 participants can be served simultaneously by any one provider at a community location at any one time.”</p>
<p>Q2. If a provider converts a 2390 to 2380 (or vice versa) do they need to limit the daily attendance to 25 people or can they maintain current capacity?</p>	<p>Conversions will be treated like relocations. Existing 2390 programs will be able to convert to 2380 or vice versa and maintain their existing capacity.</p> <p>After January 2022, Community Participation Supports services may not be provided in any facility required to hold a 2380 or 2390 license that serves more than 150 people in the facility at any one time.</p>
<p>Q3. How is capacity looked at for Dually licensed Older Adult facility/2380?</p>	<p>After January 2022, Community Participation Supports services may not be provided in any facility required to hold a 2380 and/or 2390 license that serves more than 150 people in the facility at any one time.</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>Q4. Without an expectation for people spending time in integrated community settings for people who use Older Adult Day facility-based services, how can we ensure the Older Adult facilities are compliant with the HCBS settings rule?</p>	<p>Many Older Adult facilities serve an integrated population of older people which, for people served on ODP waivers, means they have opportunities to interact with the general public. The self-assessment that providers will conduct in the spring of 2018¹ should give Older Adult facilities a sense of their compliance with the rule.</p> <p>If an individual desires to have opportunities for community participation, providers of services in Older Adult facilities for ODP waiver participants, may also use the procedure codes that allow for time in community locations as per the person’s ISP.</p> <p>For Older Adult facilities that serve a population that exclusively has ID and/or autism, ODP would encourage providers to provide opportunities for community participation.</p>
<p>Q5. 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>

¹ Pending CMS approval of an amended State Transition Plan

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<p>Q6. Is there a consideration for Small Group Employment (formerly Transitional Work) 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 of Community Participation Supports/Small Group Employment/Supported Employment?</p>	<p>Based on public comment for appendices A-H, “Transitional Work” is “Small Group Employment” with the waiver renewal. 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 Supports. 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>
<p>Q7. When can we expect information on the exception process for participation in community opportunities at the 25% target? Who will participate in the process?</p>	<p>There is no “exception process” per se. ODP is providing the following guidelines for the ISP teams to use in making individual determinations that any individual cannot or chooses not to engage in community activities at least 25% of their time in service</p> <p><i>A variance may be granted, as determined by the ISP team if one of the following circumstances apply:</i></p> <ul style="list-style-type: none"> • <i>The participant receives fewer than 12 hours (48 units) per week of Community Participation Support by the provider;</i> • <i>The participant has current medical needs that limit the amount of time the person can safely spend in the community;</i> • <i>The participant has an injury, illness, behaviors or change in mental health status that result in a risk to him or herself or others;</i> <p><i>or</i></p> <ul style="list-style-type: none"> • <i>The participant declines the option to spend time in the community having been provided with opportunities to do so consistent with his or her preferences, choices and interests.</i> <p>The individual and team discussion will be documented on the variance form and maintained in the individual's and provider's record.</p> <p>A summary of the conclusion and future efforts to offer opportunities for community experience as appropriate for the individual will be included in the ISP.</p> <p>Note that teams will <u>not</u> need to complete a formal review of community participation levels for individuals for FY 17-18 ISPs but, rather for FY19-20 ISPs since expectation to meet the 25% standard is July 2019.</p> <p>ODP expects that prior to ISP Renewals for FY19-20, the team would complete a formal review and variance form for anyone for whom the provider is not expecting to meet the 25% target.</p>

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	<p>The provider will be expected to maintain documentation related to the variances because these will be reviewed during the QA&I process.</p>
<p>Q8. Since there is a new service definition/billing code for community participation, will the service definition/billing codes for the current day services/workshops continue, be revised or eliminated?</p>	<p>Procedure codes for day habilitation in 2380s and prevocational services in 2390s exclusively are retired 6/30/2017. New billing codes for Community Participation Support services are available 7/1/2017.</p> <p>Please note that Prevocational and Licensed Day Habilitation procedure codes will still be visible in HCSIS until December 31, 2017 but they should not be selected as a service option for dates after June 30, 2017.</p>
<p>Q9. 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 Supports is intended to facilitate long term, sustainable relationships, activities and engagement with others in the community. Planning and coordination of these activities should take into account the person's resources to engage in an activity long-term.</p>
<p>Q10. Can a provider who is billing a waiver fee schedule rate for HCBS service cover <u>staff</u> entrance fees or costs associated with performing the service? For example, the participant needs support to work out at the gym. The gym charges membership fees to the person and the provider staff.</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 to engage in an activity outlined in the ISP.</p>
<p>Q11. Is there anything that prohibits a provider who is billing a waiver fee schedule rate from covering expenses an <u>individual</u> may incur to participate in an activity?</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</p>

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	<p>among participants, and ensure that the coverage of such expenses do not create an incentive that would be in violation of the federal anti-kickback statute.</p> <p><i>For reference: Anti-Kickback Statute [42 U.S §1320a-7b(b)]</i></p>
<p>Q12. Are providers expected to provide all transportation for individuals using this 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>Q13. 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. 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 participants, and ensure that the coverage of such expenses do not create an incentive that would be in violation of the federal anti-kickback statute.</p>
<p>Q14. During the explanation of community participation supports, the term, community hub, was used to explain a meeting place from which community integration would occur. Is this being</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. Participants’ 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</p>

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<p>formalized in some way or merely used as a concept?</p>	<p>used by the general public. Community hubs could be locations that are focused on a specialty area of interest for a participant or participants served (for example, employment interest area, volunteer site, related to arts, outdoors, music or sports).”</p>
<p>Q15. Related to provider performance and the HCBS settings rule, when the measurement of community integration is determined for a site could you consider a range as well as average? For example, the average may be 40% because there are clients without community integration and clients with community integration greater than 75% of the time.</p>	<p><u>Provider Level</u> ODP plans to look at provider metrics related to integration that include:</p> <ol style="list-style-type: none"> 1. Total # of people with a variance that excludes them from Community Participation standards (minimum of 25% of time spent in community settings) Of the total excluded: <ol style="list-style-type: none"> A. How many have a variance because they attend 48 or fewer units per week? B. How many have a variance for behavioral support needs? C. How many have a variance for medical reasons? D. How many have a variance because they choose not to receive services in community settings after having demonstrated they have had opportunities to experience the service in community settings? 2. What is the average percentage of time you are supporting participants from this site in community settings? (Do not count the excluded or exempted participants counted in question 1) <p><u>Individual Level</u> The rates are structured in broad tiers for time in community settings. The tier used in based on the individual’s plan. 0-24% 25-49% 50-74% 75-99% 100% (no facility-based service)</p> <p>The procedure code(s) authorized and used for an individual is based on the individual’s plan and percentage of time spent in community versus facility settings.</p>
<p>Q16. 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 farmer’s 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>Q17. Will the ordinary activities of everyday lives-haircuts, medical and dental appointments, grocery shopping- be considered experiences of community</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 Supports; and • it is consistent with the individual’s preferences, choices and

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<p>participation?</p>	<p>interests; and</p> <ul style="list-style-type: none"> the support is not the responsibility of another provider (for example, medical appointments for someone in residential services). <p>Note: Transportation to medical appointments cannot be billed to the waiver as it is service available through Medical Assistance.</p>
<p>Q18. 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>Q19. How would you reassure angry and confused clients and families that services (day program or workshop) that they rely upon for friendship, purpose and, in some cases, income won't be eliminated from their lives?</p>	<p>ODP recognizes the value that individuals and their families hold for the day programs and workshops that they rely upon for services. ODP's changes will be geared toward helping these facilities to transition toward increased community participation for each person they serve. Individuals and families will have input and choice into the amount and type of community participation through the ISP process.</p> <p>Community Participation Support was designed as a very flexible service to offer providers, individuals and families a range of supports and activities. Where there are long standing relationships, providers can support those relationships and, even expand upon the shared experiences of the people in those relationships.</p> <p>Since it is providers in most cases that have the long standing trusting relationships with individuals and families, providers are in the best position to reassure the people they serve that they can provide broader experiences and opportunities while keeping people safe and fostering existing and new relationships.</p>
<p>Q20. Will SCs and AEs have to amend ISPs and providers have to re-bill when they are unable to meet the requirement of the W Code that has been authorized for a 30 day period. For example, an individual is authorized for a 25% Community Participation W Code and then becomes injured in the last week of the 30 day period and is unable to meet the 25% target. Will the provider have to re-bill for the billing that occurred already in that 30</p>	<p>The rates are structured in broad tiers for time on community settings and are based on weekly averages of time in community locations. The tier used is based on the individual's plan.</p> <p>0-24% 25-49% 50-74% 75-99% 100% (no facility-based service)</p> <p>Individuals could have the support ratios that they need authorized in more than 1 tier.</p> <p>For example, if an individual has a variety of outdoor activities in which they are engaged in the spring and summer months but these activities decrease in the fall and winter months, the individual may have authorizations for both the 0-24% and 25-49% tiers on</p>

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<p>day period? Will the SC and AE have to amend the ISP?</p>	<p>the ISP.</p> <p>Changes in health could require changes to the tiers/billing codes authorized and billed for on the plan.</p> <p><u>For billing purposes, the percentage of time in community should be calculated on a weekly average based on utilization.</u></p>
<p>Q21. If providers do not meet the 25% requirement, what will ODP do?</p>	<p>After July 2019, if providers are found to be non-compliant with the Community Participation Support service definition requirement that at least 25% of the individual's time is spent participating in community activities, excluding variances as averaged over a year's time, ODP or its designee will issue notice to the provider that they are out of compliance and request a plan for coming into compliance.</p> <p>All waiver settings must meet the federal HCBS settings rule standards no later than March 2022. The 25%+ requirement is one of the objective measures in Pennsylvania's assurances that prevocational and adult training facilities are compliant with the rule.</p>
<p>Q22. If a provider of Community Participation also provides Small Group Employment or Supported Employment/job coaching services to an individual, can these services count toward the 25% community integration?</p>	<p>The self-assessment to ensure compliance with the HCBS settings rule does include metrics related to the number of individuals the provider has supported to move from facility-based settings to competitive integrated employment.</p> <p>The time cannot be counted toward the 25% but will be accounted for in measuring compliance with the settings rule.</p>
<p>Q23. 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>Both Supported Employment and Advanced Supported Employment may be used to support an individual with self-employment. Guidelines for what constitutes self-employment that can be supported through these services definitions will be released shortly.</p> <p>Community Participation Support could be used to provide prevocational training toward a self-employment outcome.</p>
<p>Q24: When does the requirement that new 2380 or 2390s can have 25 or fewer people in daily attendance go into effect?</p>	<p>New 2380 and 2390 facilities will be limited to serve no greater than 25 individuals in the facility at one time after March 17, 2019.</p> <p>After January 2022, Community Participation Supports services may not be provided in any facility required to hold a 2380 or 2390 license that serves more than 150 people in the facility at any one time.</p>

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<p>Q25. For individuals who attend day program and have a 1:1 staffing ratio, how do you suggest we meet the licensing requirement in 2380.35 (c) A minimum of two staff persons shall be present with the individuals at all times? To meet licensing requirements, are you looking for individuals who need intensive staffing to have 2:1 staffing in the community?</p>	<p>2380.35(c) only applies at the ATF itself, and community based activities need to be staffed in accordance with 2380.35(e), which defers to the ISPs for staffing needs.</p>
<p>Q26. How is “daily attendance” calculated for the maximum of 25 for new facilitates starting in 2019 and 150 for existing facilities after 2022?</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.”</p> <p>New 2380 and 2390 facilities will be limited to serve no greater than 25 individuals in the facility at one time after March 17, 2019.</p> <p>After January 2022, Community Participation Supports services may not be provided in any facility required to hold a 2380 or 2390 license that serves more than 150 people in the facility at any one time.</p>
<p>Q27. How is 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. The number of individuals enrolled for service at the location is used for calculation of the appropriate number of program specialists as per licensing regulations.</p> <p><i>ODP will be issuing additional guidance on Community Participation Supports in relation to 2380 and 2390 regulations.</i></p>
<p>Q28. We currently support people in volunteer sites in community settings at a 1: 4 and a 1:6 ratio. Can we do this under CPS? We will transition to smaller groups but need time to hire staff and develop new opportunities for the individuals currently doing the volunteering.</p>	<p>A provider may continue to support these individuals in these settings (both more than 3 people and at a greater than 1:3 ratio) but the time may not be billed with the SE modifier (billed as “facility time” versus “community”) and you should develop a transition plan for staffing and the arrangements with these volunteer sites so that by July 2019 no more than 3 individuals are supported in a community location at one time.</p>
<p>Q29. When is it residential habilitation without day versus Community Participation Supports?</p>	<p>“Licensed Residential Habilitation Without Day”</p> <p>“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

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	<p>service.</p> <p>Community Participation Supports may not be provided 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 be based on the individual's plan and the expectations outlined in the service definitions.</p>
<p>Q30. Can travel in a van to community outings where there are 2 groups of 1-3 be consider a community hub and therefore billed with the SE modifier?</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 and not be billed with the SE modifier.</p>
<p>Q31. If a residential consumer is currently receiving Additional Individualized Staffing (AIS) services in the home and Unlicensed Home and Community Habilitation for outings (in place of the traditional day programming), what should the service definitions be for FY 17-18 and when would they be effective July 1 or Jan 1?</p>	<p>Effective starting 7/1/17, participants who are authorized to receive Supported Living services may not be authorized to receive In-Home and Community Support.</p> <p>Effective starting 1/1/18, participants who are authorized to receive Residential Habilitation or Life Sharing services may not be authorized to receive In-Home and Community Support (formerly Unlicensed Home and Community Habilitation)</p> <p>Effective January 1, 2018 Additional Individualized Staffing will no longer be available as a discrete service as it will be included in the rate for Residential Habilitation and Life Sharing Services.</p> <p>Community Participation Supports may be used to replace Unlicensed Home and Community Habilitation that was used as an alternative to facility based day programming. Providers must meet the qualifications to provide Community Participation Supports.</p>
<p>Q32. Is a provider required to have a licensed 2380 or 2390 in order to provide Community Participation Supports?</p>	<p>No. Providers of Community Participation Supports 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>Q33. What is the required Department approved Community Participation Support training and when will it be available?</p>	<p>The Department required training will be offered in 2 ways:</p> <ol style="list-style-type: none"> 1. 100% on-line: Pre-test, 7 Module Training, Post-Test, Certificate provided. All completed on MyODP.org. 2. Combination on-line and face-to-face: <ul style="list-style-type: none"> • On-line on MyODP.org - Pre-test, Module 1

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	<ul style="list-style-type: none"> • Face-to-Face - Modules 2-7 provided in-house by the provider • On-line on MyODP.org - Post-test. Certificate provided. <p>For the face-to-face portion of the training, ODP will be conducting train-the-trainer sessions in the fall. Providers can send whomever they identify that will conduct the training in-house. Trainers will be provided with a trainer manual and activities for an interactive face-to-face training. The training has standardized components to ensure that the concepts are taught in a standardized way but providers will have leeway to customize the material for their agency protocols and procedures, culture, community, etc.</p> <p>Module 1 will be available in mid-July. Modules 2-7 will roll out between July and September 2017. The train-the-trainers will be conducted in the fall of 2017.</p>
<p>Q34. Who is required to have the ACRE or CESP training when providing Community Participation Supports?</p>	<p>For programs providing prevocational training to participants, program specialists and supervisors must have one of the following by 1/1/19 or within 60 days of hire if hired after 11/1/18:</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>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 a 2380 facilities supporting participants with vocational or employment outcomes in their ISPs and/or 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. • Non-facility Community Participation Support agency providers who provide prevocational support in community settings, supporting participants 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 participants with vocational or employment outcomes must have the ACRE or CESP.

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Billing Related	
<p>Q35. If a provider submits weekly billing on a 25-50% CPS W-Code for 3 weeks of the month, but on the 4th week of the month, cannot provide 25% or more time in the community, are the first 3 weeks billing considered incorrect and need voided?</p>	<p>If the individual is authorized for W Codes in the 25-50% tier and that is what the provider delivers for 3 weeks, those claims are fine. If in the 4th week of that month, or any other week of the year, the individual spends less than 25% of the time during that week in community locations, the provider will need to bill that week using the W Codes in the <25% tier. ISP teams will need to establish whether authorizations in more than 1 tier are appropriate based on the needs of the individual. Providers may only bill for what is authorized in the ISP.</p> <p>Some individuals may need more than 1 authorization to account for these kinds of fluctuations in activity.</p> <p><u>TIME IN COMMUNITY LOCATIONS FOR BILLING PURPOSES IS ALWAYS CALCULATED ON A WEEKLY BASIS.</u></p>
<p>Q36. Does the weekly billing always need to match the percent of the authorized W-code? So, always have a <25% W-Code authorization in the event that the community time does not happen in a week.</p>	<p>The tier for time in community locations must always match the average of what is delivered to an individual on a weekly basis. Rates are based on the amount of time in community locations,</p> <p>ISP teams will need to establish the appropriate tier(s) based on the needs and desired outcomes of the individual. Providers may only bill for what is authorized in the ISP.</p>
<p>Q37. Is supporting people with attending medical appointments billable as Community Participation Support?</p>	<p>Any support provided through this service must be connected to the types of support available in the Community Participation Support service definition. For example, an individual could need support with managing his or her personal health and wellness identified in the ISP or support to develop skills to effectively communicate with health professionals.</p> <p><i>For people who do not receive residential, life sharing or supporting living services - Providing support to attend a medical appointment could be a billable activity under CPS. The transportation to and from a medical appointment is not billable under CPS.</i></p> <p><i>For people who receive residential, life sharing or supporting living services – It is the expectation that the residential provider handle the medical needs of people they serve. Community Participation Supports may not be used to support people with medical appointments who receive residential services.</i></p>
<p>Q38. If a DSP departs the facility with an individual partially into a 15 minute unit, should the unit be billed as community (SE modifier) or facility?</p>	<p>The SE modifier may only be used for provision of full 15 minute units.</p>

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<p>Q39. Do the W codes representing 100% time in community need to include the SE modifier?</p>	<p>W5995, W5996, W5997 and H2015 do not get billed with the SE modifier. The procedure code by itself indicates that the time was spent in community not a facility.</p>
<p>Q40. If an individual normally attends a day program from 8:30am-2:30pm for 6 hours, and 2 of those hours were spent in the community from 10:00am-12:00pm, does a provider have to submit 3 separate time periods of billing: the 8:30-10:00am period billing the 1.5 hours without the SE modifier, and then 10:00am-12:00pm for 2 hours with the SE modifier, and then a third entry for 12:00pm-2:30pm for 2.5 hours without the SE modifier again?</p>	<p>Since there are no billing times in PROMISE, each day the provider would add up the units for the code/service and bill one day for all the units. In this scenario it would look like this:</p> <p>8:30 – 10a = # OF UNITS FOR X SERVICE 10a-12p = # OF UNITS FOR Y SERVICE 12p-2:30p = # OF UNITS FOR X SERVICE</p> <p><u>CLAIM (A SINGLE CLAIM CAN HAVE MULTIPLE LINES)</u> LINE 1 = TOTAL UNITS FOR X LINE 2 = TOTAL UNITS FOR Y</p>
<p>Q41. Is time in a community hub billed as community or facility?</p>	<p>Time in a community hub can be billed as time in community using the SE modifier as long as the hub primarily serves as a gathering place prior to and after community activities. Participants' time will be largely spent outside of the community hub, engaged in community activities.</p>
<p>Q42. If someone has multiple billing codes to reflect different staffing ratios within the same tier (for example at <25% 1:2-1:3 and 2:3 in community) is the weekly percentage of time in community calculated based on each code separately or in combination?</p>	<p>The percentage of time in community should be calculated on a weekly basis by looking at all CPS billing codes used that week in combination. The formula below can be used:</p> <p><i>TOTAL # CPS UNITS PROVIDED DURING THE WEEK THAT INCLUDE THE SE MODIFIER</i> _____ x 100 = % of time in comm.</p> <p><i>TOTAL # CPS UNITS PROVIDED DURING THE WEEK</i></p>
<p>Q43. If an individual authorized for 1:2-1:3 and an activity is scheduled and no other individual attends for service and provider supports the individual at 1:1 can the provider bill for it?</p>	<p>The provider may only bill for the authorized service including in circumstances when the provider actually provides a higher staffing ratio (in this example 1:1 versus 1:2-1:3).</p>