

Community Participation Supports Question and Answer Document Version 2 Updated 10/19/18

Q1. Will the provision of “no provider owned, leased, or operated facilities” be removed from the definition of a community setting?

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.”

REVISED

Q2. If a provider converts a 2390 to a 2380 (or vice versa) do they need to limit the daily attendance to 25 people or can they maintain current capacity?

Conversions will be treated like relocations. Existing programs licensed under 55 Pa. Code Chapter 2390 will be able to convert to a program licensed under 55 Pa. Code Chapter 2380 or vice versa and maintain their existing capacity. It should be noted that there are different requirements for the program, assessment and staff contained in these two licensing chapters that must be considered when thinking about converting a facility. People receiving services in a facility licensed under 55 Pa. Code Chapter 2390 should have an employment goal as that is the purpose of vocational services as stated in 55 Pa. Code §2390.158, “the facility shall provide services including work experience and other developmentally oriented, vocational training designed to develop the skills necessary for promotion into a higher level of vocational programming or competitive community-integrated employment.”

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.

Q3: When does the requirement that new 2380 or 2390s can have 25 or fewer people in daily attendance go into effect?

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.

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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.

Q4. How is “daily attendance” calculated for the maximum of 25 for new facilities starting in 2019 and 150 for existing facilities after 2022?

ODP is not using “daily attendance” for facility size requirements. Rather, ODP is using “maximum number of people present at any one time.”

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.

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.

Q5. How is capacity looked at for Dually licensed Older Adult facility/2380?

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.

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.

Q6. 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 Home and Community Based Services (HCBS) settings rule?

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 conducted in the spring of 2018¹ should give Older Adult facilities a sense of their compliance with the rule.

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

¹ Pending CMS approval of an amended State Transition Plan

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allow for time in community locations as per the person's Individual Support Plan (ISP).

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.

Q7. Is there any discussion of limiting production work in 2380 programs?

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.

¹ Pending CMS approval of an amended State Transition Plan

Q8. 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?

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.

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.

Community Participation Support is intended to function as a "wrap around" service. It could absolutely be used to "wrap around" employment services.

Q9. When can we expect information on the exception process for participation in community opportunities at the 25% target? Who will participate in the process?

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:

A variance may be granted, as determined by the ISP team if one of the following circumstances apply:

- *The participant receives fewer than 12 hours (48 units) per week of Community Participation Support by the provider;*
- *The participant has current medical needs that limit the amount of time the person can safely spend in the community;*

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- *The participant has an injury, illness, behaviors or change in mental health status that result in a risk to him or herself or others; or*
- *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.*

The individual and team discussion will be documented on the variance form (DP 1086) and maintained in the individual's and provider's record.

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.

Note that teams will need to complete a formal review of community participation levels for individuals for Fiscal Year (FY) 19-20 ISPs since expectation to meet the 25% standard is July 2019.

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.

The provider will be expected to maintain documentation related to the variances because these will be reviewed during the Quality Assessment & Improvement (QA&I) process.

NEW

Q10: On the Variance Form for someone to receive less than 25% of their time in the community, there are exceptions for medical reasons, behavioral reasons, and choice. What should we select if it is a purely financial decision? We have families that are already over their cap, or who moving to the higher rate of 25% community would put them over their cap. Several have told me that they do not want to cut services or change frequency and duration to afford the higher rate. Thus, they will choose to stay at the less than 25% service only because of money. What do we do in these situations?

Section 1 of the Variance Form is to be completed by the Supports Coordinator when the ISP team makes a determination that an individual cannot or chooses not to engage in community activities at least 25% of his or her support time on average per month. This determination will be documented on this variance form and maintained in the individual's and provider's record effective July 1, 2019.

If the individual chooses not to be in the community at least 25% of the time, that is allowable as it is the individual's choice, regardless of the factors taken into consideration to make this decision. The ISP team is required to discuss the benefits of this service and spending time in the community at each Annual ISP meeting.

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Individuals are also encouraged to pursue competitive integrated employment and may exceed the Person/Family Directed Support (P/FDS) cap by \$15,000 for employment services. Using this benefit could help individuals in this situation. CPS can be used as a wrap-around service, and fewer units at a higher community percentage may well fit within the cap as pressure is relieved from the cap by the employment services.

NEW

Q11: What is the protocol for requesting a variance when an individual cannot go into the community during the winter because he or she has medical issues that are exacerbated by cold weather? Is there a special section on the Variance Form for weather-or time-specific variance requests?

When an individual has health issues triggered by the seasons (cold, heat, allergies, etc.) that affect his or her community participation, the individual's needs and preferences should be discussed by the ISP team, either in the Annual Review or at a meeting scheduled for this subject. If the individual will spend less than 25 percent of his or her service time per month engaged in community activities because of any recommended changes, the ISP Team must make a variance request using the Variance Form (DP 1086), providing an explanation as to why they anticipate this will occur.

The Variance Form does not contain a section that addresses weather- or time-specific requests, although those concerns should be addressed in the text box of the Variance Form where a description of the circumstances or condition requiring a variance is documented and in the team's decision.

NEW

Q12. An individual's facility-based CPS building is closing, and the provider is suggesting 100 percent CPS in its place. What conversations should the ISP team have to ensure the individual's choice and control are respected?

The ISP team should always consider the individual's choice, preferences and control in writing an ISP with the idea of ensuring the individual is working toward his or her goals. When a transition such as this occurs, the ISP team should ensure that the individual is presented with all available options, including other programs that may be offered by other providers. There should be a clear connection between the individual's preferences and choices and the actions the ISP team determines are necessary to meet needs associated with the individual's preferences and choices. While the provider's input as a team member is valuable, the provider needs to respect the individual's preferences and not the provider's business operational decisions.

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As the service definition states, Community Participation Support provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment. Services should result in active, valued participation in a broad range of integrated activities that build on the participant's interests, preferences, gifts, and strengths while reflecting his or her desired outcomes related to employment, community involvement, and membership.

Q13. How will fees and expenses be covered for people to engage meaningfully with their communities?

Ultimately, individuals should pay these expenses, hopefully through their wages from employment.

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.

Q14. Can a provider who is billing a waiver fee schedule rate for HCBS service cover staff 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.

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.

Q15. Is there anything that prohibits a provider who is billing a waiver fee schedule rate from covering expenses an individual may incur to participate in an activity?

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.

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

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create an incentive that would be in violation of the federal anti-kickback statute.

For reference:

Anti-Kickback Statute [42 U.S §1320a-7b(b)]

Q16. Are providers expected to provide all transportation for individuals using the Community Participation Support service?

Transportation is included in this service. Providers should coordinate, arrange for, or provide all transportation needed during the provision of this service.

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.

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.

The rates for Community Participation Support do include assumptions for travel costs associated with providing the service.

Q17. Are providers expected to purchase passes for public transportation as part of this service?

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.

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.

Q18. 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 formalized in some way or merely used as a concept?

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There is no plan to formalize the term “community hub” beyond the current explanation in the waivers:

“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 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).”

Q19. 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.

Provider Level

ODP plans to look at provider metrics related to integration that include:

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:

- 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)

Individual Level

The rates are structured in broad tiers for time in community settings. The tier used is based on the individual’s plan.

0-24%

25-49%

50-74%

75-99%

100% (no facility-based service)

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.

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Q20: Do providers have to use the SE modifier when billing for time spent in the community? Providers get the same rate whether they use the SE modifier or not.

Providers are required to use the SE modifier for each 15 minute unit of service that a person is in the community with no more than 2 other individuals receiving Community Participation Supports services. The Office of Developmental Programs reviews billing data on a regular basis to see the percentage of time a service location is billing for time in the community versus the percentage of time the SE modifier is used for that location. Providers will be informed of discrepancies and will be required to correct the claims or void them if there is no documentation that supports community participation.

Q21. 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?

If the community location is an area shared with the general public such as a farmers' market, the number of disabled vs. non-disabled will not be at issue typically. However, we must be careful that we do not create segregated environments and experiences within public spaces.

Q22. Will the ordinary activities of everyday lives - haircuts, medical and dental appointments, grocery shopping - be considered experiences of community participation?

Yes, in so far as all of the following are met:

- 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 interests; and
- the support is not the responsibility of another provider (for example, medical appointments for someone in residential services).

Note: Transportation to medical appointments cannot be billed to the waiver as it is a service available through Medical Assistance.

Q23. How will the quality or meaningfulness of community participation be determined and/or evaluated? What level of detail will need to be provided?

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.

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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.

Q24. 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?

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.

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.

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.

Q25. 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 day period? Will the SC and AE have to amend the ISP?

The rates are structured in broad tiers for time in community settings and are based on weekly averages of time in community locations. The tier used is based on the individual's plan.

0-24%

25-49%

50-74%

75-99%

100% (no facility-based service)

Individuals could have the support ratios that they need authorized in more than 1 tier.

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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 the ISP.

Changes in health could require changes to the tiers/billing codes authorized and billed for on the plan.

For billing purposes, the percentage of time in community should be calculated on a weekly average based on utilization.

Q26. If providers do not meet the 25% requirement, what will ODP do?

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.

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.

Q27. 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?

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.

The time cannot be counted toward the 25% but will be accounted for in measuring compliance with the settings rule.

Q28. 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.

Both Supported Employment and Advanced Supported Employment may be used to support an individual with self-employment. The Centers for Medicare and Medicaid Services (CMS) defines self-employment as the operation of a trade or business by an individual or by a partnership in which an individual is a member.

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Community Participation Support could be used to provide prevocational training toward a self-employment outcome.

Q29. For individuals who attend a 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?

2380.35(c) only applies at the Adult Training Facility (ATF) itself, and community based activities need to be staffed in accordance with 2380.35(e), which defers to the ISPs for staffing needs.

Q30. How are the program specialist standards (1 to 30 and 1 to 45) measured in the regulations (full-time or part time)?

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.

ODP will be issuing additional guidance on Community Participation Supports in relation to 2380 and 2390 regulations.

Q31. 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.

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"). 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.

Q32. When is it residential habilitation without day versus Community Participation Supports?

"Licensed Residential Habilitation Without Day"

"Without Day": is any day in which one of the following occurs:

- An individual solely receives services that are part of the Residential Habilitation service; or
- An individual receives fewer than 5 hours of services and/or unpaid supports that are not included in the Residential Habilitation service.

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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.

The appropriate service should be based on the individual's plan and the expectations outlined in the service definitions.

NEW

Q33: Can a provider bill for community participation units for evening and weekend community engagement activities? Are there restrictions on this?

For individuals who receive Residential Habilitation services, yes, there are restrictions on this in order to avoid duplicate payment.

Community Participation Supports services are generally provided between 8am to 5pm weekdays but are not restricted to those hours of the day. Alterations from typical day/work hours should be based on the person's natural rhythms and/or preferred activities (not for convenience of a provider).

Residential Habilitation service providers are responsible to provide, among other types of assistance, support with the development and maintenance of relationships with people in the broader community, support wellness activities, support an individual with civic responsibilities, and support engagement with hobbies and personal interests. Because the Residential Habilitation service definition describes broad responsibilities for supporting individuals, for people who receive Residential Habilitation services Community Participation Supports should only be provided outside of weekday hours of 8am to 5pm when all of the following conditions are met:

1. For any day for which the individual receives Community Participation Support outside of typical hours, the Residential Habilitation provider bills "With Day". (For example, the individual receives Community Participation Support to attend a bible study every Monday and Wednesday afternoon and on Saturday evenings. For the Saturday evenings, the Residential Habilitation provider must bill "With Day" regardless of how many hours the individual is supported for this Community Participation Support activity.)
2. The activities for which the individual is supported are in a community location or community hub with a total of 3 or fewer people receiving the Community Participation Support service.
3. The activities for which the individual is supported are part of a regularly scheduled

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activity, group, or class that is directly connected to an **inclusion or employment outcome** that the Community Participation Support service is supporting the individual to pursue.

NEW

Q34: For individuals without a day program, can the residential staff do the community participation with the individual?

In order for a provider to render Community Participation Supports, the provider must meet all of the qualification criteria for the Community Participation Support service as outlined in the approved waivers. If a residential provider is qualified and enrolled to provide Community Participation Supports and the individual chooses the same provider, then the residential provider can also provide Community Participation Supports to the individual. Individuals must be offered a choice of providers for all services and evidence of this choice must be available.

Support service. Progress notes must also be completed for each service that document the goal/outcome for each service and progress/maintenance made toward the goal/outcome.

Q35. 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?

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

NEW

Q36: Transportation is not counted in community participation. The start time is when you arrive at the destination. Is that correct?

Community Participation Support includes transportation as an integral component of the service; for example, transportation to a community activity. The Community Participation Support provider is not, however, responsible for transportation to and from a participant's home.

Providers may bill for all time supporting individuals, with transportation as a component of the service.

In order for units to be billed as time in community locations or hubs (SE modifier), the provider must be transporting 3 or fewer individuals. If 3 or fewer individuals are being transported to a

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community location, the units billed as community locations (SE modifier) may begin when the provider departs the facility.

If the provider is transporting more than three people, the time may be billed as facility time (without the SE modifier) but not as time in community locations.

It should be noted that in general, transportation should not be the only community activity people are participating in, nor should it generally comprise the majority of a person's community activity time. Community activities should be based on each person's preferences, choices and interests.

NEW

Q37: What should staff do when personally needing to use the bathroom? When out in a group with a 1:3 ratio how should bathroom usage be handled when only one individual needs to use it and they have mixed genders going on outings together?

This is an issue many direct support professionals will face. The challenges are real but the provider can make this work with planning. The provider agency can also share strategies with the team that is working with other people the provider supports. The ISP should include clear community supervision needs of every individual.

In addition, the provider's management staff may want to meet to develop strategies and methods to help their staff deal with this type of situation. Some issues to consider are: who is in the group, which staff member is leading the group, access to facilities at community hubs, possible availability of management staff as backup, availability of natural supports, etc.

NEW

Q38: While on a planned outing, the service recipient decided once the destination was reached that they did not want to participate. Neither staff nor individual exited the vehicle. An alternate plan was to drive the service recipient around looking at sites for an hour and then return to the program. Could this fall under the definition for community-based time or will this be considered facility based?

The time spent in the car could be considered community time because ODP has said community time starts when you get in the car, provided the staffing ratios are correct. This situation should be considered and billed as community time, using the SE modifier. The provider should document that the plan for the particular activity did not work and what adjustments they will make for the next trip to bring success.

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If the attempt to get the individual into the community is part of a strategy to help acclimate the individual to time in community settings/interacting with community members (for example, one week the provider drives the individual to the community event site, the following week the provider works on helping the individual feel comfortable getting out of the car and standing in the parking lot, etc.), then using the SE modifier when the provider bills would be allowable. The plan to help acclimate the individual should be well documented as part of the Community Participation Support Outcome in the ISP.

Providers have been encouraged to develop a list of alternate activities and choices and to develop strategies to address possible situations that may occur.

Q39. Is a provider required to have a licensed 2380 or 2390 in order to provide Community Participation Supports?

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.

Q40. What is the required Department approved Community Participation Support training and when will it be available?

The Department required training is offered in 2 ways:

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:
 - On-line on MyODP.org - Pre-test, Module 1
 - Face-to-Face - Modules 2-7 provided in-house by the provider
 - On-line on MyODP.org - Post-test. Certificate provided.

The online modules are available online at: <https://www.myodp.org/course/view.php?id=993>

NEW

Q41: We have a number of new hires. How much time do they have to get the ODP mandated training on Community Participation Support?

As of 7/1/18, all new hires must complete the Department approved training on Community Participation Support within 60 days of hire, and during that time they must be supervised by someone who has completed the training.

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Q42. Who is required to have the ACRE or CESP training when providing Community Participation Supports?

For programs providing prevocational training to participants, program specialists and supervisors of direct support professionals must have one of the following by 1/1/19 or within six months from day of hire if hired after 7/1/18:

- 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.

This applies to the following providers:

- In licensed 2390 prevocational facilities, all program specialists and all staff that supervise direct support professionals must have the ACRE or CESP.
- In 2380 facilities supporting 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.

NEW

Q43: Our agency has several program specialists in our 2390 facility who are working toward but will not be able to acquire the required CESP or ACRE certification by Jan. 1, 2019. Since they are working toward certification, are they still permitted to work in our 2390 facility in their current job capacity?

Providers and staff members providing waiver services are required to meet the applicable provider qualifications. If a staff member does not meet qualifications – in this case, a program specialist in a 2390 facility who was hired before 7/1/18 and does not have the appropriate CESP or ACRE certification – the provider cannot bill for any services provided by that staff member. The same situation applies for any staff member delivering Community Participation

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Support services who has not completed the Department approved training within 60 days of hire

NEW

Q44: Our facility is a dually licensed Older Adult and 2380 program but we are not vocational. Our community outings are geared toward activities and integration. Are our program specialists and supervisors required to get ACRE or CESP certification?

For 2380 facilities supporting participants with vocational or employment outcomes in their ISPs and/or who are engaged in subminimum wage work, contract or piece work activities, the responsible program specialists and all staff that supervise direct support professionals who support that individual must have the ACRE or CESP.

Prevocational services are considered “anything on (an individual’s) employment journey” – activities in the prevocational setting or in the community that help the individual achieve his or her employment outcome. If none of the above apply then the program specialists and supervisors would not need ACRE or CESP certification.

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

Billing Related

Q45. 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?

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.

Some individuals may need more than 1 authorization to account for these kinds of fluctuations in activity.

TIME IN COMMUNITY LOCATIONS FOR BILLING PURPOSES IS ALWAYS CALCULATED ON A WEEKLY BASIS.

Q46. Does the weekly billing always need to match the percent of the authorized W-code?

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So, always have a <25% W-Code authorization in the event that the community time does not happen in a week.

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.

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.

NEW

Q47: During a recent meeting with ODP regional staff, we were informed that individuals in the P/FDS Waiver would only be authorized for services this year (2018-19) that they were authorized for last year (2017-18). The issue is that many of the individuals were authorized only for <25% community participation. Thus providers cannot meet ODP requirement of 25% community participation. What suggestions does ODP have?

Unless the individual has an approved individual cap exception, the individuals receiving services through the P/FDS Waiver must adhere to the limitations in the waiver, including the \$33,000 cap. The requirement for the minimum of 25 percent of time in community settings for Community Participation Support is effective beginning July 1, 2019. Providers are not required to meet that target until that date.

To address the issue of the individual receiving needed support for CPS within the P/FDS cap, ODP expects that providers and ISP teams explore the following solutions, based on the individual's needs and preferences:

Community Participation Support is intended to build the potential for employment. Individuals are encouraged to pursue competitive integrated employment and may exceed the P/FDS cap by \$15,000 for employment services. For individuals receiving employment services, Community Participation Support can be used as a wrap-around service and may well fit within the cap as pressure is relieved from the cap (individual would use fewer units of Community Participation Support) by the employment services.

Providers are also expected to assist individuals and families with developing natural supports. Individuals and families using cooperative arrangements or relying on natural supports for engagement in some community activities, again, may relieve pressure on the P/FDS cap and allow for support that is provided to be at the 25-49% range or higher.

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In terms of provider concerns about compliance with the HCBS settings rule and 25% of time in community, the self-assessment to ensure compliance with the settings rule includes metrics related to the number of individuals the provider has supported to move from facility-based settings to competitive integrated employment. The time cannot be counted toward the 25% but will be accounted for in measuring compliance with the settings rule.

In the event than none of these solutions work to relieve pressure from the P/FDS cap, the ISP team may determine that a variance from the 25% is appropriate because the individual desires an amount of CPS that is only available within the cap at <25%.

Q48. Is supporting people with attending medical appointments billable as Community Participation Support?

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.

For people who do not receive residential, life sharing or supported 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.

For people who receive residential, life sharing or supported 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.

Q49. 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?

The SE modifier may only be used for provision of full 15 minute units.

NEW

Q50: I am unsure that the instructions are clear with regard to services provided in 15-minute units. Page 3 of Bulletin 00-18-04 states, “A new service note must be completed when there is an interruption in service or a change in staff person(s) providing the service within the calendar day. Page 73 of the Interim Technical Guide states, “The full 15 minutes of service do not need to be provided consecutively, but must be rendered within the same calendar day to be billed.” Are these instructions contradictory?

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Billing and service note documentation are two separate activities with different guidance. What ODP was trying to clarify with service notes is that there doesn't need to be a separate service note for each 15-minute unit of service rendered by the same staff person.

Remember that service notes are needed to substantiate a claim/billing. As such, the requirements are more stringent. It is federally required that documentation reflects the person providing the service. It is also necessary to know when the service is provided. That's why a new service note needs to be completed when there is an interruption of service or a change in staff person(s) providing the service within the calendar day.

Billing is less stringent in that providers can bill a 15-minute unit when the full 15 minutes has been provided, even if there is an interruption of service within the same calendar day. This guidance regarding billing has not changed