

# Community Participation Support Question and Answer Document Version 3 Updated 08/16/2019

Question	Answer
<p><b>Q1.</b> 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><b>NEW</b> <b>Q2.</b> The Centers for Medicare and Medicaid Services (CMS) issued further guidance in March 2019 on home and community-based settings regulations. What is ODP’s response to that guidance?</p>	<p>CMS released guidance on March 22, 2019 stating that “promoting community integration for older adults and people with disabilities remains a high priority to CMS.” The guidance states that CMS will take the following three factors into account to determine whether a setting may have the effect of isolating individuals from the broader community:</p> <ol style="list-style-type: none"> <li>1. Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities for interaction in and with the broader community, including with individuals not receiving Medicaid-funded Home and Community-Based Services;</li> </ol>

	<p>2. The setting restricts beneficiary choice to receive services or to engage in activities outside of the setting; or</p> <p>3. The setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services, consistent with a beneficiary’s person-centered service plan.</p> <p>ODP has added the following language to the service definition for Community Participation Support in the waiver amendments effective October 1, 2019 submitted to CMS:</p> <ul style="list-style-type: none"> <li>• Each participant must be offered opportunities and needed support to participate in community activities that are consistent with the individual’s preferences, choices and interests.</li> </ul> <p>This addition aligns with the CMS guidance and makes it clear that all providers who render Community Participation Support services (including Older Adult Daily Living Centers; please see Question 7) must offer opportunities and needed support to each participant to participate in community activities that are consistent with the individual’s preferences choices and interests. Providers must develop a method in which to document that they have offered these opportunities on a regular basis to individuals to demonstrate compliance with this requirement.</p>
<p><b>REVISED</b></p> <p><b>Q3:</b> When does the requirement that newly funded 2380s or 2390s can have 25 or fewer people in daily attendance go into effect?</p>	<p>55 Pa. Code Chapter 6100 regulations and all ODP waivers currently state that Community Participation Support services may not be provided in a licensed facility that is newly funded on or after March 17, 2019 and serves more than 25 individuals in the facility at any one time. This number includes individuals who receive services funded through a source other than the waivers; such as private pay, base funding, Community Health Choices, etc. Due to the delay of the</p>

	<p>publication of the regulations, the effective date for this requirement has been postponed to January 1, 2020.</p> <p>Effective January 1, 2022, relocations (facilities that are currently licensed to operate at one physical site that subsequently move to a new physical site) will be considered “newly funded” and will have to meet the requirement to serve no more than 25 individuals at any one time in a licensed setting.</p> <p>Effective January 1, 2022, Community Participation Support 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>ODP Communication 19-084 has more information regarding the number of individuals that can be served in licensed facilities that provide Community Participation Support services.</p>
<p><b>Q4.</b> If a provider converts a 2390 to a 2380 (or vice versa), do they need to limit the daily attendance to 25 people or can they maintain current capacity?</p>	<p>Existing programs licensed under 55 Pa. Code Chapter 2390 will be able to convert to a program licensed under 55 Pa. Code Chapter 2380 or vice versa and maintain their existing capacity. It should be noted that there are different requirements for the program, assessment and staff contained in these two licensing chapters that must be considered when thinking about converting a facility. People receiving services in a facility licensed under 55 Pa. Code Chapter 2390 should have an employment goal as that is the purpose of vocational services as stated in 55 Pa. Code §2390.158, “the facility shall provide services including work experience and other developmentally oriented, vocational training designed to develop the skills necessary for promotion into a higher level of vocational programming or competitive community-integrated employment.”</p>

	<p>ODP Communication 19-084 has more information regarding the number of individuals that can be served in licensed facilities that provide Community Participation Support services.</p> <p>For programs providing prevocational training to participants, program specialists and supervisors of direct service professionals in facilities licensed under 55 Pa. Code Chapter 2380 must have one of the following by July 1, 2019, or within six months of hire if hired after January 1, 2019:</p> <ul style="list-style-type: none"> <li>• Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or</li> <li>• 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.</li> </ul>
<p><b>REVISED</b></p> <p><b>Q5.</b> How is “daily attendance” calculated for the maximum of 25 for newly funded facilities starting in 2020 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.” This number includes individuals who receive services funded through a source other than the waivers; such as private pay, base funding, Community Health Choices, etc.</p>
<p><b>Q6.</b> How is capacity looked at for Dually licensed Older Adult facility/2380?</p>	<p>ODP will look at the maximum number of people present at any one time for the service location whether it is singly licensed or dually licensed.</p>
<p><b>REVISED</b></p> <p><b>Q7.</b> Without an expectation for people spending time in integrated community settings for people who receive services in licensed Older Adult Daily Living Centers, how can we ensure these centers are</p>	<p>CMS released guidance on March 22, 2019 stating that “promoting community integration for older adults and people with disabilities remains a high priority to CMS.” The guidance applies to all settings that receive waiver funding (including Older Adult Daily Living Centers) and states that CMS will take the following three factors into account to determine whether a setting may have</p>

<p>compliant with the Home and Community Based Services (HCBS) settings rule?</p>	<p>the effect of isolating individuals from the broader community:</p> <ol style="list-style-type: none"> <li>1. Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities for interaction in and with the broader community, including with individuals not receiving Medicaid-funded Home and Community-Based Services;</li> <li>2. The setting restricts beneficiary choice to receive services or to engage in activities outside of the setting; or</li> <li>3. The setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services, consistent with a beneficiary’s person-centered service plan.</li> </ol> <p>As noted in Question 2, a change to the waivers submitted to CMS, effective October 1, 2019, will require Older Adult Daily Living Centers providing Community Participation Support to ODP waiver participants to offer those participants opportunities and needed support to participate in community activities that are consistent with the individual’s preferences, choices and interests.</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 Individual Support Plan (ISP).</p> <p>Individuals who receive services in an Older Adult Daily Living Center are exempt from the requirement that at least 25% of their service time must be spent outside the CPS facility, which includes exemption from the requirement to complete a variance.</p>
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<p><b>Q8.</b> 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>
<p><b>Q9.</b> Is there a consideration for Small Group Employment to occur in a licensed facility?  Can individuals who are authorized for Small Group Employment utilize a 2380 or 2390 as their pick up/drop off/in between work-site? In other words, can an individual be authorized for a combination not to exceed 50 hours per week of Community Participation Support/Small Group Employment/Supported Employment?</p>	<p>Small Group Employment must take place in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations.</p> <p>A person can be authorized for any combination of Supported Employment, Small Group Employment and Community Participation Support. If Supported Employment is an authorized service, then the individual may receive a maximum of 50 hours of these services per week.</p> <p>Community Participation Support is intended to function as a “wrap around” service. It could absolutely be used to “wrap around” employment services.</p>
<p><b>REVISED</b></p> <p><b>Q10.</b> What information can you provide on the variance process for participation in community opportunities at the 25% target? Who will participate in the process?</p>	<p>Effective July 1, 2019, if an individual cannot or chooses not to engage in integrated community activities at least 25% of his or her Community Participation Support time on average per month, the individual’s support team must complete a variance. The variance process gives the individual’s support team the opportunity to have discussions about the individual’s goals and explore his or her interests and preferences that could be supported through the Community Participation Support service. The Supports Coordinator is responsible for documenting the team decision in Section 1 of the Variance Form (DP 1086) and the form must be maintained in the individual's and provider's record.</p> <p>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</p>

	<p>time in the community at each Annual ISP meeting.</p> <p>Bulletin 00-18-06, Variance Form and Process: Requesting a Variance, lists the reasons for which a variance may be granted:</p> <ul style="list-style-type: none"> <li>• <i>The participant receives fewer than 12 hours (48 units) per week of Community Participation Support by the provider;</i></li> <li>• <i>The participant has current medical needs that limit the amount of time the person can safely spend in the community;</i></li> <li>• <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; or</i></li> <li>• <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></li> </ul> <p>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.</p> <p>The ISP team must complete the variance before a variance can take effect. A variance is in effect for up to one year.</p> <p>The provider will be expected to maintain documentation related to the variances because these will be reviewed during the Quality Assessment &amp; Improvement (QA&amp;I) process.</p>
<p><b>Q11.</b> 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 P/FDS cap, or who moving</p>	<p>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</p>

<p>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?</p>	<p>maintained in the individual's and provider's record effective July 1, 2019.</p> <p>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.</p> <p>Providers are expected to assist individuals and families with developing natural supports. Individuals and families using cooperative arrangements or relying on natural supports for engagement in some community activities, again, may relieve pressure on the P/FDS cap.</p> <p>ODP anticipates that another option will be available to ISP teams starting October 1, 2019. Pending approval from CMS, ODP will be adding an on-call and remote support component to the Community Participation Support service, which will enable waiver participants to have more independence while participating in community activities while compensating providers for the availability and access to provider staff to ensure the participant's health and safety.</p> <p>Individuals are also encouraged to pursue competitive integrated employment and may exceed the Person/Family Directed Support (P/FDS) cap by \$15,000 for employment services. Using this benefit could help individuals in this situation. CPS can 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.</p>
<p><b>NEW</b></p> <p><b>Q12.</b> Are we required to complete a variance if an individual is unable to participate in community activities 25% of their support</p>	<p>Providers will not be required to obtain a variance for an individual who is unable to participate in community activities 25% of their service time for one month due to unexpected or temporary</p>

<p>time for one month due to unexpected circumstances?</p>	<p>circumstances. The ISP team should discuss the need for a variance if an individual's preferences or needs will prevent them from participating in community activities 25% of their service time on an ongoing basis, or if there is a known issue (seasonal allergies, cold/hot weather, surgery, etc.) that will prevent the individual from participating in community activities 25% of their community time for a defined period of time.</p>
<p><b>Q13.</b> 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?</p>	<p>The ISP team should always consider the individual's choice, preferences and control in writing an ISP with the idea of ensuring the individual is working toward 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.</p> <p>As the service definition states, Community Participation Support provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment. Services should result in active, valued participation in a broad range of integrated activities that build on the participant's interests, preferences, gifts, and strengths while reflecting his or her desired outcomes related to employment, community involvement, and membership.</p>
<p><b>Q14.</b> 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. Community Participation Support is intended to facilitate long term, sustainable relationships,</p>

	<p>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><b>Q15.</b> 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?</p> <p>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><b>Q16.</b> 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?</p>	<p>As a general matter, fee schedule rates (unlike cost-based rates) are developed using varying factors and considerations and are paid without regard to “allowable” cost elements and individual provider cost considerations. As long as the provider is providing the services authorized in the individual ISPs, to the extent there are funds retained or earned in accordance with our regulatory requirements, there is no specific prohibition in paying for expenses incurred by staff or an individual to engage in an activity outlined in the ISP.</p> <p>Providers are advised to develop policies and procedures related to covering expenses on behalf of individuals to ensure alignment with individuals’ plans, ensure equitable coverage of such expenses among 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:</i> <i>Anti-Kickback Statute [42 U.S §1320a-7b(b)]</i></p>

<p><b>Q17.</b> Are providers expected to provide all transportation for individuals using the Community Participation Support service?</p>	<p>Transportation is included in this service. Providers should coordinate, arrange for, or provide all transportation needed during the provision of this service.</p> <p>The service definition was written with great flexibility to allow for a variety of approaches to transportation – approaches that work in rural, suburban, or urban areas.</p> <p>Providers can directly provide the service using cars or vans from their fleet, purchase ride services, coordinate carpools/cooperative arrangements with families, provide travel training for public transportation, arrange for paratransit, if necessary, or purchase public transportation passes.</p> <p>The rates for Community Participation Support do include assumptions for travel costs associated with providing the service.</p>
<p><b>Q18.</b> Are providers expected to purchase passes for public transportation as part of this service?</p>	<p>Providers are not required to or expected to purchase public transportation passes but the purchase may be permissible.</p> <p>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</p>

	<p>an incentive that would be in violation of the federal anti-kickback statute.</p>
<p><b>Q19.</b> During the explanation of Community Participation Support, the term “community hub” was used to explain a meeting place from which community integration would occur. Is this being formalized in some way or merely used as a concept?</p>	<p>There is no plan to formalize the term “community hub” beyond the current explanation in the waivers:</p> <p>“Community Hub: A Community Hub serves primarily as a gathering place prior to and after community activities. 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).”</p>
<p><b>REVISED</b></p> <p><b>Q20.</b> 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>When writing an individual plan, the team must focus on the intent of the HCBS settings rule: Individuals must receive Community Participation Support services in integrated settings that support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving waiver services. The focus must be on the needs of the individual, not the provider or service location.</p> <p>In order to meet the requirements outlined in the waivers (as well as ensure the setting does not isolate individuals in compliance with the HCBS settings rule), each service location that renders Community Participation Support services must comply with the following:</p> <ul style="list-style-type: none"> <li>• Offer opportunities and needed support to each individual receiving services to participate in community activities that are consistent with the</li> </ul>

	<p>individual’s preferences, choices and interests. The service location is responsible for offering these opportunities in a language and means of communication (verbal, written, picture board, etc.) that is understood by each individual. Opportunities must be offered on an ongoing and regular basis as each individual’s preferences, choices and interests may change based upon their experiences participating in activities or hearing about the experiences of their friends. This requirement applies to services provided in any setting (licensed Adult Training Facility, licensed Vocational Facility, licensed Older Adult Daily Living Center, community locations and community hubs).</p> <ul style="list-style-type: none"> <li>• Complete a variance form as part of ISP team discussions for each individual who spends more than 75 percent of his or her support time in a licensed Adult Training Facility and/or licensed Vocational Facility.</li> </ul> <p>ODP Communication 19-090 provides more guidance related to these requirements.</p>
<p><b>Q21.</b> If several providers arrive at the same community location, let’s say farmers’ market, and the balance of disabled and non-disabled persons is altered, would this still be considered community integration?</p>	<p>If the community location is an area shared with the general public such as a farmers’ market, the number of disabled vs. non-disabled will not be at issue typically. However, we must be careful that we do not create segregated environments and experiences within public spaces.</p>
<p><b>Q22.</b> Will the ordinary activities of everyday lives – haircuts, medical and dental appointments, grocery shopping – be considered experiences of community participation?</p>	<p>Yes, in so far as all of the following are met:</p> <ul style="list-style-type: none"> <li>• it is part of the program of the provider and identified in the individual’s plan; and</li> <li>• the support that is provided falls within the service definition for Community Participation Supports; and</li> <li>• it is consistent with the individual’s preferences, choices and interests; and</li> <li>• the support is not the responsibility of another provider (for example, medical appointments for someone in residential services).</li> </ul>

	<p>Note: Transportation to medical appointments cannot be billed to the waiver as it is a service available through Medical Assistance.</p>
<p><b>Q23.</b> 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><b>Q24.</b> 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.</p> <p>ODP’s changes are 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 longstanding 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 longstanding, 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><b>REVISED</b></p> <p><b>Q25.</b> If providers do not meet the 25% requirement, what will ODP do?</p>	<p>As enumerated in ODP Communication 19-090, each service location that renders Community Participation Support services must comply with the following:</p>

	<ul style="list-style-type: none"> <li>• Offer opportunities and needed support to each individual receiving services to participate in community activities that are consistent with the individual’s preferences, choices and interests. The service location is responsible for offering these opportunities in a language and means of communication (verbal, written, picture board, etc.) that is understood by each individual. Opportunities must be offered on an ongoing and regular basis as each individual’s preferences, choices and interests may change based upon their experiences participating in activities or hearing about the experiences of their friends. This requirement applies to services provided in any setting (licensed Adult Training Facility, licensed Vocational Facility, licensed Older Adult Daily Living Center, community locations and community hubs).</li> <li>• Complete a variance form as part of ISP team discussions for each individual who spends more than 75 percent of his or her support time in a licensed Adult Training Facility and/or licensed Vocational Facility.</li> </ul> <p>Providers not in compliance with these requirements on July 1, 2019, must develop a Transition Plan by September 30, 2019. ODP will review those plans for compliance in the spring of 2020.</p> <p>If sufficient progress has not been made or a provider has not developed a transition plan as required, providers will be required to develop a Corrective Action Plan (CAP). ODP and the corresponding Administrative Entity will monitor compliance/progress through December 2020.</p> <p>If compliance has not been achieved at any service location by January 1, 2021, ODP will issue a Directed Corrective Action Plan (DCAP) no later than January 31, 2021.</p> <p>If compliance is not achieved at any service location by March 31, 2021, Administrative</p>
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	<p>Entities and ODP will work with the provider, individuals served in that location, and their ISP teams to transition them to settings that are compliant with the requirements. All individuals must be transferred no later than March 31, 2022.</p> <p>All waiver settings must meet the federal HCBS settings rule standards no later than March 2022.</p>
<p><b>NEW</b></p> <p><b>Q26.</b> We are trying to get all of our service locations to reach 25% community inclusion. How can we do that when some of our individuals change their minds about going into the community?</p>	<p>The requirements of the CPS service specific to community participation are centered on the individual, not the service location. Each individual must be offered opportunities to participate in community activities consistent with their preferences, choices and interests. To be compliant with the requirement for community participation, providers must have conversations with each individual they serve about the individual’s skills, interests and desires.</p> <p>The percentage of community time applies to the individual, not the provider. If providers are offering individuals meaningful opportunities to engage in their community and have sufficient resources (staffing, vehicles/transportation, etc.) to support individuals in the community, ODP will not consider these providers out of compliance.</p> <p>ODP will be studying community participation rates per service location to determine which locations are struggling with CPS requirements. <b><u>The measure of 25 percent community inclusion is based on the individual, not the service location.</u></b></p> <p>ODPs review for compliance will involve claims review (based on monthly average) for time in community and validation that variances are in place for individuals for whom claims review indicated they were supported at less than 25 percent.</p> <p>Providers should refer to ODP Communication 19-090 for further guidance on these requirements.</p>
<p><b>REVISED</b></p>	<p>Regulatory requirements mandate licensed 2390 facilities to provide services including work experience and other developmentally oriented</p>

<p><b>Q27.</b> 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>vocational training designed to develop the skills necessary for promotion into a higher level of vocational programming or competitive community-integrated employment.</p> <p>The self-assessment to ensure compliance with the HCBS settings rule included metrics related to the number of individuals the provider has supported to move from facility-based settings to competitive integrated employment. The following question has also been added to the Quality Assessment and Improvement questions tool for providers:</p> <p>“Enter the number of individuals who have transitioned from prevocational services to competitive integrated employment during the review period.”</p> <p>The time an individual spends in Supported Employment or Small Group Employment cannot be counted toward the 25% but will be accounted for in measuring compliance with the settings rule.</p>
<p><b>Q28.</b> What service can be used to support individuals working toward self-employment since the requirement for at least minimum wage for Small Group Employment or Supported Employment services is prohibitive? The example given was an artist creating pieces of art for sale/profit.</p>	<p>CMS defines self-employment as the operation of a trade or business by an individual or by a partnership in which an individual is a member. Community Participation Support could be used to provide prevocational training toward a self-employment outcome.</p>
<p><b>Q29.</b> How are the program specialist standards (1 to 30 and 1 to 45) measured in the regulations (full-time or part time)?</p>	<p>Whether an individual attends a 2380 or 2390 part-time or full-time is not relevant to establishing the required number of program specialists. 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><b>Q30.</b> When is it residential habilitation without day versus Community Participation Support?</p>	<p>“Licensed Residential Habilitation Without Day” is any day in which one of the following occurs:</p> <ul style="list-style-type: none"> <li>• An individual solely receives services that are part of the Residential Habilitation service; or</li> </ul>

	<ul style="list-style-type: none"> <li>• An individual receives fewer than 5 hours of services and/or unpaid supports that are not included in the Residential Habilitation service.</li> </ul> <p>Community Participation Support 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><b>Q31:</b> Can a provider bill for community participation units for evening and weekend community engagement activities? Are there restrictions on this?</p>	<p>For individuals who receive Residential Habilitation services, yes, there are restrictions on this in order to avoid duplicate payment.</p> <p>Community Participation Support services are generally provided between 8am to 5pm weekdays but are not restricted to those hours of the day. Alterations from typical day/work hours should be based on the person’s natural rhythms and/or preferred activities (not for convenience of a provider).</p> <p>Residential Habilitation service providers are responsible to provide, among other types of assistance, support with the development and maintenance of relationships with people in the broader community, support wellness activities, support an individual with civic responsibilities, and support engagement with hobbies and personal interests. Because the Residential Habilitation service definition describes broad responsibilities for supporting individuals, for people who receive Residential Habilitation services Community Participation Support should only be provided outside of weekday hours of 8am to 5pm when <u>all</u> of the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. For any day for which the individual receives Community Participation Support outside of typical hours, the Residential Habilitation provider</li> </ol>

	<p>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.)</p> <p>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.</p> <p>3. The activities for which the individual is supported are part of a regularly scheduled activity, group, or class that is directly connected to <b>an inclusion or employment outcome</b> that the Community Participation Support service is supporting the individual to pursue.</p>
<p><b>Q32:</b> For individuals without a day program, can the residential staff do the community participation with the individual?</p>	<p>In order for a provider to render Community Participation Support, the provider must meet all of the qualification criteria for the Community Participation Support service as outlined in the approved waivers. If a residential provider is qualified and enrolled to provide Community Participation Support and the individual chooses the same provider, then the residential provider can also provide Community Participation Support to the individual. Individuals must be offered a choice of providers for all services, and evidence of this choice must be available.</p>
<p><b>Q33.</b> Can travel in a van to community outings where there are 2 groups of 1-3 be consider a community hub?</p>	<p>A van is not a community hub. If more than 3 individuals are transported at the same time, the units should be considered facility time.</p>
<p><b>Q34.</b> Transportation is not counted in community participation. The start time is when you arrive at the destination. Is that correct?</p>	<p>Community Participation Support includes transportation as an integral component of the service; for example, transportation to a community activity. The Community Participation</p>

	<p>Support provider is not, however, responsible for transportation to and from a participant's home.</p> <p>Providers may bill for all time supporting individuals, with transportation as a component of the service.</p> <p>In order for units to be billed as time in community locations or hubs, the provider must be transporting 3 or fewer individuals. If 3 or fewer individuals are being transported to a community location, the units billed as community locations may begin when the provider departs the facility.</p> <p>If the provider is transporting more than three people, the time may be billed as facility time but not as time in community locations.</p> <p>It should be noted that in general, transportation should not be the only community activity people are participating in, nor should it generally comprise the majority of a person's community activity time. Community activities should be based on each person's preferences, choices and interests.</p>
<p><b>REVISED</b></p> <p><b>Q35:</b> What should staff do when personally needing to use the bathroom? When out in a group with a 1:3 ratio, how should bathroom usage be handled when only one individual needs to use it and they have mixed genders going on outings together?</p>	<p>This is an issue many direct support professionals (DSPs) will face. The challenges are real but the provider can make this work with planning. The provider agency can also share strategies with the team that is working with other people the provider supports. The ISP should include clear community supervision needs of every individual.</p> <p>In addition, the provider's management staff may want to meet to develop strategies and methods to help their staff deal with this type of situation. Some issues to consider are: who is in the group, which staff member is leading the group, access to facilities at community hubs, possible availability of management staff as backup, availability of natural supports, etc.</p> <p>Providers that own multiple facilities can direct their DSPs to use other, nearby facilities owned</p>

	<p>by that provider. Also, providers can arrange a facilities-sharing agreement with other providers; if a group from Provider A needs a bathroom break or a changing table, they can go to a nearby facility owned by Provider B and use their facilities.</p>
<p><b>Q36:</b> 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?</p>	<p>The time spent in the car could be considered community time because ODP has said community time starts when you get in the car, provided the staffing ratios are correct. This situation should be considered and billed as community time. The provider should document that the plan for the particular activity did not work and what adjustments they will make for the next trip to bring success.</p> <p>If the attempt to get the individual into the community is part of a strategy to help acclimate the individual to time in community settings/interacting with community members (for example, one week the provider drives the individual to the community event site, the following week the provider works on helping the individual feel comfortable getting out of the car and standing in the parking lot, etc.), then billing as community time would be allowable. The plan to help acclimate the individual should be well documented as part of the Community Participation Support Outcome in the ISP.</p> <p>Providers have been encouraged to develop a list of alternate activities and choices and to develop strategies to address possible situations that may occur.</p>
<p><b>Q37.</b> Is a provider required to have a licensed 2380 or 2390 in order to provide Community Participation Support?</p>	<p>No. Providers of Community Participation Support do not need to have a licensed facility to provide the service. Agency or individual provider qualifications are included in the waiver applications.</p>
<p><b>Q38.</b> What is the required, Department-approved Community Participation Support training?</p>	<p>The Department-required training is offered in 2 ways:</p>

	<p>1. 100% online: Pre-test, 7 Module Training, Post-Test, Certificate provided. All completed on MyODP.org.</p> <p>2. Combination online and face-to-face:</p> <ul style="list-style-type: none"> <li>• Online on MyODP.org – Pre-test, Module 1</li> <li>• Face-to-Face – Modules 2-7 provided in-house by the provider</li> <li>• Online on MyODP.org – Post-test. Certificate provided.</li> </ul> <p>The online modules are available at: <a href="https://www.myodp.org/course/view.php?id=993">https://www.myodp.org/course/view.php?id=993</a></p> <p>ODP is working on providing more train-the-trainer sessions to support providers who want to train their staff via the combination of online and face-to-face training.</p>
<p><b>Q39:</b> We have a number of new hires. How much time do they have to get the ODP-mandated training on Community Participation Support?</p>	<p>All new hires must complete the Department approved training on Community Participation Support within 60 days of hire, and during that time they must be supervised by someone who has completed the training.</p>
<p><b>Q40.</b> Who is required to have the ACRE or CESP training when providing Community Participation Support?</p>	<p>For programs providing prevocational training to participants, program specialists and supervisors of direct support professionals must have one of the following by July 1, 2019 or within six months from day of hire if hired after January 1, 2019:</p> <ul style="list-style-type: none"> <li>• Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or</li> <li>• 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.</li> </ul> <p>This applies to the following providers:</p> <ul style="list-style-type: none"> <li>• In licensed 2390 prevocational facilities, all program specialists and all staff that supervise</li> </ul>

	<p>direct support professionals must have the ACRE or CESP.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<p><b>Q41.</b> 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 July 1, 2019. Since they are working toward certification, are they still permitted to work in our 2390 facility in their current job capacity?</p>	<p>Providers and staff members providing waiver services are required to meet the applicable provider qualifications. If a staff member does not meet qualifications, the provider cannot bill for any services provided by that staff member. The same situation applies for any staff member delivering Community Participation Support services who has not completed the Department-approved training within 60 days of hire.</p>
<p><b>NEW</b></p> <p><b>Q42.</b> Our provider agency has several DSPs who are providing Community Participation Support services. They would like to pick up extra hours as direct staff delivering Small Group Employment services. We realize that they need to acquire ACRE or CESP certification. Are these DSPs considered new employees for the sake of meeting the</p>	<p>ODP has determined that “within six months of hire” means within six months of hire in the position that requires the qualification standard. This gives all employees hired for a specific position the same period of time to obtain the certification whether they are hired internally (from within the agency) or externally.</p>

<p>qualification of acquiring the required certification, which would give them six months from the start of delivering that service, or must they already have the certification?</p>	
<p><b>NEW</b></p> <p><b>Q43.</b> Our agency hired a DSP who previously completed ODP’s training on Community Participation Support. Is our new DSP required to retake the training to meet the requirement that all DSPs must have the ODP training within 60 days of hire?</p>	<p>No, it is not necessary for newly hired DSPs to retake the ODP-required training if they have already completed it. ODP has no plans at this time to require DSPs who have completed the course to retake it and earn an updated certificate.</p>
<p><b>Q44.</b> Our facility is a dually licensed Older Adult Daily Living Center and 2380 program but we are not vocational. Our community outings are geared toward activities and integration. Are our program specialists and supervisors required to get ACRE or CESP certification?</p>	<p>For 2380 facilities supporting 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.</p> <p>Prevocational services are considered “anything on (an individual’s) employment journey” – activities in the prevocational setting or in the community that help the individual achieve his or her employment outcome. If none of the above apply then the program specialists and supervisors would not need ACRE or CESP certification.</p> <p>The same advice applies to dually licensed Older Adult and 2380 facilities.</p>
<p><b><u>BILLING QUESTIONS</u></b></p>	
<p><b>NEW</b></p> <p><b>Q45.</b> The W-codes used prior to July 1, 2019, were broken down by percentage in the community, which allowed for tracking of community inclusion. How can providers track community inclusion with the newer, simpler W-codes?</p>	<p>Beginning in Fiscal Year 2019-20, procedure codes for Community Participation Support will be grouped by either a <i>community</i> location or a <i>facility</i> location. To determine the number of units for each, the ISP team must discuss approximately how many units of time each person will spend in community locations and facility locations. This discussion should be</p>

	<p>person-centered, considering each individual’s preferences, choices and interests.</p> <p>Due to the simplification of the billing structure for Community Participation Support services, it will no longer be required for providers, ISP teams and Administrative Entities to anticipate and track the percentage of time each individual will receive services in the community or facility on average per week for the purposes of inserting procedure codes in the ISP and billing. This was only required when procedure codes were connected to specific percentages of time each individual spent in the community each week.</p> <p>Starting July 1, 2019, providers and ISP teams will only need to anticipate and track the <b>monthly</b> average amount of time each individual participates in integrated community activities to:</p> <ul style="list-style-type: none"> <li>• Ensure that Community Participation Support services are not provided in a licensed adult training facility or vocational facility for more than 75% of the individual’s support time, on average per month.</li> <li>• Determine if a variance needs to be completed as stipulated in the Community Participation Support service definition and Bulletin 00-18-06, <i>Variance Form and Process</i>.</li> </ul>
<p><b>Q46.</b> 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 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.</i></p>

	<p><i>For people who receive residential, life sharing or supported living services – It is the expectation that the residential provider handles 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><b>Q47.</b> If a DSP departs the facility with an individual partially into a 15-minute unit, should the unit be billed as community or facility?</p>	<p>Community billing codes may only be used for provision of full 15-minute units.</p>
<p><b>Q48.</b> 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?</p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p><b>NEW</b></p> <p><b>Q49.</b> The definition for CPS references “planning and coordination” as part of the service. Does this mean we can bill for planning and coordination if the individual is not present for those activities?</p>	<p>Yes, planning and coordination is a billable component of the service. All of the following conditions must be met and documented:</p> <ul style="list-style-type: none"> <li>• It is distinct from and not duplicative of required planning activities of program specialists, including participation in ISP meetings;</li> </ul>

	<ul style="list-style-type: none"> <li>• It specifically reflects one or more of the planning or coordination activities listed in the service definition for the specific individual;</li> <li>• It meets all of the requirements for claims documentation;</li> <li>• <b>It is billed at the lowest facility staffing that is authorized in the individual's plan.</b></li> </ul> <p>Providers may bill for each individual for whom the planning and coordination service is utilized. For example: If a program specialist plans for a community activity in which three individuals will take part, the provider may bill for planning and coordination for all three individuals at no lower than a 1:3 facility ratio, assuming that all three individuals have sufficient units in their plans.</p> <p>ODP expects that this component of the service will be utilized judiciously, and ODP will carefully monitor billings for this component of the service. Providers should note that use of this component of the service will lower the individual's percentage of time spent in the community, because planning and coordination is billed using facility units.</p> <p>ISP teams should also be mindful of the potential financial effect of using units for planning and coordination on individuals in waivers with annual fiscal limits (P/FDS or Community Living).</p>
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