



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

KEVIN T. CASEY
Deputy Secretary
Office of Developmental Programs

TELEPHONE NUMBER: (717) 787-3700
FAX: (717) 787-6583

OCT 22 2008

Dear Colleague:

In a September 17, 2008 letter, I distributed the policies that providers must use in completing the cost report on Fiscal Year (FY) 2007/2008 to support the Prospective Payment System (PPS) rate development for FY 2009/2010. I further announced that the policy for Residential Habilitation was not yet finalized and that we anticipated issuing this policy in final form in the near future.

Attached to this letter is the finalized policy on Residential Habilitation, which will be effective July 1, 2009. This policy includes information on the Unit of Service, Temporary Absences, Therapeutic Leave, Medical Leave, Documentation and Permanent Vacancies.

We thank you again for your continued cooperation and participation in planning for the implementation of the PPS. I will continue to provide policy updates and request public comment on draft policies. If you have any questions, feel free to contact the Office of Developmental Programs at 1-888-565-9435 or you may email the Rate Setting Mailbox at ra-ratesetting@state.pa.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin T. Casey", written over a horizontal line.

Kevin T. Casey

Policies to Support the Prospective Payment System

Waiver Residential Habilitation Policies

Unit of Service

Effective July 1, 2009, the unit for licensed and unlicensed residential habilitation will be defined as a day. A day is defined as a period of a minimum of 12 hours of care rendered by a residential habilitation provider within a 24 hour period between 12:00 a.m. and 11:59 p.m. This care may be provided in non-consecutive hours and may be rendered in the residential site, in the community, or while traveling, consistent with DPW's travel policy. This definition of a day unit is to be used for planning and billing purposes even if the provider uses a different timeframe to define a unit.

Temporary Absence

As a result of the change to a day unit, the definition of residential habilitation in the Consolidated Waiver will include payment to a residential habilitation provider for temporary absence due to therapeutic leave or medical leave. A temporary absence is defined as an absence in which an individual is expected to return to the residential site. The purpose of this policy is to ensure that the individual may return to the same residential site after therapeutic or medical leave. The eligible and ineligible portions of the residential habilitation day rates will be defined by the codes in the service definitions.

Therapeutic Leave

A therapeutic leave day is defined as an absence from the residential habilitation site to visit with a relative or friend, including absence due to vacation when the individual is not accompanied by a staff person from the residential site, and is, therefore, not receiving services from the residential provider. Based on the definition of a day unit, the first day of absence for therapeutic leave is defined as 12 to 24 hours of continuous absence within a 24 hour period between 12:00 a.m. and 11:59 p.m. when the individual is not accompanied by, or receiving services from, the residential provider. If the individual's therapeutic leave begins immediately after the day program, then the absence begins when the day program ends. Below are several examples of therapeutic leave.

Example 1 - The individual leaves the residential site for therapeutic leave at 8:00 p.m. on Friday evening and returns at 3:00 p.m. on Saturday. The individual has only used one day of therapeutic leave even though the individual has been out of the home on two different calendar days. On Friday, the individual was gone from 8:00 p.m. to 11:59 a.m. representing 4 hours of leave. On Saturday, the individual was gone from 12:00 a.m. to 3:00 p.m. representing 15 hours of leave. Since the individual was gone for 15 hours on Saturday, which is between 12 to 24 hours of continuous absence, this is one day of therapeutic leave.

Example 2 - The individual leaves the residential site for therapeutic leave at 10:00 a.m. on Saturday and returns at 9:00 p.m. on Saturday. The individual has been out of the home for 11 hours of continuous absence from 12:00 a.m. to 11:59 p.m. on that day. Since the first day of therapeutic leave must equal 12 to 24 hours, a therapeutic leave day has not been used.

Example 3 - The individual leaves the residential site for therapeutic leave at 10:00 a.m. on Saturday and returns at 4:00 p.m. on Sunday. The individual has been out of the home for 30 hours of continuous absence. On Saturday, the individual was gone from 10:00 a.m. to 11:59 p.m. which represents 14 hours of absence. On Sunday, the individual was gone from 12:00 a.m. to 4:00 p.m., which represents 16 hours of absence. This is two days of therapeutic leave.

Example 4 - The individual leaves the residential site at 9:00 a.m. on Friday to attend the day program. The individual goes to visit his or her parents at 4:00 p.m., leaving directly from the day program. The individual returns to the residential site at 4:00 p.m. on Sunday. Because the therapeutic leave starts when the individual leaves the day program, on Friday, the individual was gone from 4:00 p.m. to 11:59 p.m., which represents 8 hours of continuous absence, which is less than 12 to 24 continuous hours. On Saturday, the individual was gone from 12:00 a.m. to 11:59 p.m., which represents 24 hours of absence. On Sunday, the individual was gone from 12:00 a.m. to 4:00 p.m. which represents 16 hours of absence. Since the individual was gone 8, 24 and 16 hours on Friday, Saturday, and Sunday, respectively, this is two days of therapeutic leave.

DPW will provide payment to the provider for 100% of the eligible and 100% of the ineligible portion of the residential habilitation day rate for up to a maximum of 48 bed reservation days in a fiscal year for therapeutic leave.

DPW may make payment for therapeutic leave days beyond 48 days based on criteria developed in consultation with representatives of the various stakeholders. Requests for payment beyond 48 days will be reviewed on a case by case basis. DPW will evaluate utilization of therapeutic leave on a periodic basis to determine the need to revise the payment policy for therapeutic leave.

Payment will not be made for a therapeutic leave day if the provider uses the bed for an alternative purpose during a temporary absence. For example, DPW will not pay for therapeutic leave when the provider uses the bed to provide respite services to another individual.

Medical Leave

For temporary absence when an individual has been admitted into a nursing facility, acute care general hospital, rehabilitative hospital, rehabilitation unit of an acute care general hospital, or short term stay in a rehabilitation facility, psychiatric hospital, or psychiatric unit of an acute care general hospital and is expected to return to the residential site, DPW will provide payment to the provider at 100% of the eligible portion and 100% of the ineligible portion of the residential habilitation day rate for the first 30 days. After the 30th day, DPW will continue to provide payment to the provider at 100% of the eligible portion and 60% of the ineligible portion of the residential habilitation day rate for the entire length of the hospitalization, rehabilitation or nursing facility stay.

After DPW has received cost data from providers for fiscal year 07/08, and in consultation with representatives of the various stakeholders, it will evaluate whether to revise the 60% for ineligible costs for future fiscal years.

The first day of absence for medical leave is the date of admission to the facility regardless of the length of the absence. The provider will be paid for medical leave until the day before the date of discharge. On the date of discharge, the provider will be paid for a residential habilitation day, not medical leave, regardless of the number of hours of service provided on that day. Below are several examples of medical leave:

Example 1 – An individual is taken to an emergency room (ER) at 7:00 p.m. and a residential worker accompanies the individual while in the ER. The individual is there until 3:00 a.m. and returns to the residential site at 4:00 a.m. This does not count as a medical leave day since the individual was attended by a residential habilitation worker and was not admitted to the hospital.

Example 2 – An individual is taken to the emergency room at 10:00 p.m. on Saturday and admitted at 12:00 a.m. on Sunday. The individual is discharged back to the same residential site on Tuesday at 8:00 a.m. Medical leave starts on Sunday, the date of admission, and is used until the day before the date of discharge, which is Monday in this case. The provider would bill Tuesday, the date of discharge, as a residential habilitation day.

Payment will not be made for a medical leave day if the provider uses the temporary vacancy for an alternative purpose during a temporary absence. For example, DPW will not pay for medical leave when the provider is using the vacancy to provide respite services to another individual.

Documentation

The Supports Coordinator should document *planned* therapeutic leave days in the Individual Support Plan (ISP) through an Outcome Statement related to the therapeutic leave. If an individual uses unplanned therapeutic leave, an update to the ISP is only required if the ISP does not already include an appropriate Outcome Statement. The therapeutic and medical leave days should not be included separately in the 'Service Details' page. The information in the 'Service Details' page of the ISP should indicate the *total* number of residential days, including therapeutic and medical leave. For example, if an individual plans to receive 344 days of Residential Habilitation in the home, 14 days of therapeutic leave, and 7 days of medical leave, the 'Service Details' page of the ISP should note 365 days of Residential Habilitation under the appropriate code (ex. W6090 and W6091 for a 1-individual Community Home). The Supports Coordinator should update the ISP through a General Update as a result of planned or unplanned medical leave, and indicate any changes resulting from the leave (e.g., changes in medication).

Claims submission

Temporary absence days will be billed using modifiers as specified in the final FY 09/10 service definitions. To receive payment for either therapeutic or medical leave, the residential provider must submit claims using the appropriate code and modifier to differentiate between residential habilitation, therapeutic leave, and medical leave. For example, if an individual receives ten days of residential habilitation in the home, three days of therapeutic leave and one day of medical leave in a two-week period, the claim must identify all three separately, through the use of modifiers (ten units of W6090, ten units of W6091, three units of W6090 UC, three units of W6091 UC, one unit of W6090 UD and one unit of W6091 UD).

Permanent Vacancy

A permanent vacancy is defined as one in which the individual is no longer eligible for and is therefore dis-enrolled from the Consolidated Waiver because the individual is not expected to return to the residential habilitation site due to death, moving out of the State of Pennsylvania, or permanent placement in an alternative setting such as an ICF/MR or a nursing home.

For permanent vacancies, DPW will pay the provider at 100% of the eligible portion and 60% of the ineligible portion of the residential habilitation day rate for the first 60 days. During the 60-day period following a permanent vacancy, DPW will perform a thorough review per the waiver capacity management policy, to determine whether or not the needs of the individuals remaining in the residential habilitation site have changed after the permanent vacancy.

Subject to the sufficient appropriation of funds, DPW will, at the request of the provider, continue to pay after the 60th day of a permanent vacancy so long as the provider has made a good faith effort to work with an individual regarding placement, but the placement does not occur for reasons beyond the control of the provider (e.g., delays in referrals from the administrative entity or relating to the submission of information to HCSIS, delays in eligibility determination, delays in the scheduling of ISP meetings, or delays caused by the choice of the individual or the representative of the individual to not go forward with the placement).

DPW will not pay for a permanent vacancy if the provider uses the permanent vacancy for an alternative purpose such as respite, if the individual moves to another residential habilitation site, if the provider does not cooperate with the placement process, or if the provider is under restriction for quality of care issues.

After DPW has received cost data from providers for Fiscal Year 07/08 and in consultation with representatives of the various stakeholders, it will evaluate whether to revise the 60% payment of ineligible costs for future Fiscal Years.

Eligible Settings

DPW will pay for temporary and permanent absences in Waiver-funded residential settings licensed under 55 Pa. Code Chapter 6400, or exempt from licensing under 55 Pa. Code §6400.3(f)(7), in accordance with the above provisions.

DPW will pay for temporary absences for Waiver participants in Family Living Homes licensed under 55 Pa. Code Chapter 6500, children's residential settings licensed under 55 Pa. Code Chapter 3800 and CRR's licensed under 55 Pa. Code Chapter 5310, in accordance with the above provisions.

DPW will pay for permanent vacancies in residential settings licensed under 55 Pa. Code Chapter 3800 or Chapter 5310 only with ODP approval and only retrospectively, if the vacancy is filled with a waiver participant.