

Agency Name:
Addendum to Life Plan and Staff Action Plan for the Retainer Program and Community Habilitation-R During COVID-19

Name of Individual:

Medicaid Number (CIN#):

Addendum Date:

Provider Name:

Provider CORP ID:

Name of Care Coordination Organization (CCO):

This Addendum serves as a temporary change to the Life Plan¹ and the Staff Action Plan (SAP)² for _____ to receive (select option below) effective _____³ and continuing for the duration of the COVID-19 Retainer Program/Community Habilitation-R Program. This service change is authorized to be initiated prior to the approval/signature of the Care Manager as long as the individual's verbal approval⁴ or signature has been obtained/documentated below. Once the Care Manager signs this Addendum, the Care Manager should distribute the signed Addendum to the individual, the implementing service provider, and email securely to OPWDD Central Operations at help.tabs@opwdd.ny.gov

Retainer Program⁵

Community Habilitation (Hourly/ongoing)

Community Habilitation-R (hourly/ongoing) for individuals residing in supervised IRAs and community residences who previously received day services from another service provider prior to COVID-19. Agency may bill up to the authorized number of hours per day, in accordance with the individual's prior authorized weekly schedule for receiving day services.

My Goal (Individual's Valued Outcome)

Example: To be safe

Provider Assigned Goals/Supports/Safeguards (to be delivered) and Frequency⁶
(Section II or III of Life Plan)

Example: Teach safety skills weekly

Staff Actions

Example: Habilitation staff will work with the individual during the COVID-19 emergency to teach safety skills such as handwashing, social distancing, and wearing a mask when in the vicinity of others two times per week for 30 minutes through Telehealth.

Signatures

Individual or Representative's Approval (note date and method of approval (e.g., verbal).

Date: _____

Provider Agency Author's Name: _____ Title: _____

Provider Agency Author's Signature: _____ Date: _____

Care Manager Name: _____

Care Manager Signature: _____ Date: _____

¹ This Addendum meets the minimum requirements for Life Plan changes.

² This Addendum meets the SAP billing standards in ADM #2018-09 R with Safeguards and/or reference to another document. Providers should ensure SAPs are updated with all required programmatic standards in ADM #2018-09R (if not included in this Addendum) as soon as possible but no later than 60 days after cessation of the state of emergency.

³ Effective dates can be retroactive in accordance with OPWDD guidance/requirements and applicable federal authorities.

⁴ Documentation of verbal consent will suffice per CMS approval of NYS 1135 waiver on 5/6/2020: written consent requirement for OPWDD HCBS waiver services (42 C.F.R. §441.301(c)(2)(ix)) is temporarily waived during the COVID-19 public health emergency. The individual's approval can be retroactive to the effective date of the change, but no earlier than March 1, 2020.

⁵ Each service identified includes the frequency and duration which meets the 4/17/2020 Interim Care Planning Guidance requirements for amount and duration of the change to be identified in the Life Plan.

⁶ Frequency is normally included in Section II and III of the Life Plan. Frequency options: once, daily, weekly, monthly, quarterly, as needed, ongoing, NA. The Frequency from Section II or III of the Life Plan is required to meet the SAP billing standards.