



Informational Packet

ODP Procedure for Residential Vacancy Management

Effective Immediately

ODP Communication Number: Packet 098-12

The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

AUDIENCE: Individuals and Families, ODP Residential Habilitation licensed 6400 Service Providers, Administrative Entity (AE) Administrators or Directors, Supports Coordination Organization (SCO) Administrators or Directors, Supports Coordinators (SC), and Other Interested Parties

PURPOSE:

The purpose of this Informational Packet is to provide an overview of the policies necessary to support the standardization of residential vacancy management within Residential Habilitation Service locations licensed under 55 Pa. Code Chapter 6400.

DISCUSSION:

ODP is continuing to ensure effective use of resources, and reporting vacancies is one way to help achieve that goal. A residential vacancy is defined as: A change in an individual's residential service provider or a change in service, disenrollment from the waiver (death, moving out of state). If movement to another residential habilitation site within the same provider occurs due to a vacancy, the service location where the resulting vacancy is expected to occur should be identified.

This information packet includes:

- The process to be used to notify the AE of registration for the individual who created the residential vacancy and the appropriate regional Waiver Capacity Manager (WCM) as soon as the provider becomes aware that a vacancy will occur.
- Timelines to be followed by ODP, the Provider, AE and Supports Coordination Organization (SCO) to ensure that, if at all possible, the vacancy is accepted by the most appropriate individual as efficiently as possible.

Residential Vacancy Management:

Residential vacancy management ensures:

- Effective use of program capacity;
- Opportunities for people to reside in preferred geographic area, that are close to friends, family, and the community that they know;
- Centralized reporting of information; and
- The person most in need is first considered for the residential habilitation opportunity. Optimum utilization of all existing vacancies in licensed residential habilitation settings (Chapter 6400) that are serving waiver participants.

Residential vacancy management requires coordination among all entities: ODP, AE, Providers and SCO's. All of these entities need to be aware of the status of the individuals in these residential settings at all times. Communication must be constant among the Providers, the SCO and the AE waiver capacity point person, as this will ensure that as potential vacancies are identified, the established process is followed. It will also ensure the vacancy at that particular site location is accepted in a timely fashion by an individual who is in need of the residential service from that site location and for whom that vacancy would be best suited.

The licensed and unlicensed residential habilitation home can be used for respite, if there is a vacancy within approved program capacity. The approved program capacity for 6400 Residential Habilitation service locations is set by the Department in accordance with ODP's policy on Approved Program Capacity and allows a maximum of eight.

Movement of an individual to a different site location within the same provider agency can occur when a vacancy exists at one of the provider's site locations that would better meet the needs of the individual. When a vacancy exists, a provider may move an individual internally in order to accommodate the individual's changing needs with advanced agreement from the team. The changing need of the individuals who will be moved must be reflected in each individual's Individual Support Plan (ISP). The provider agency must communicate the site location of the final remaining vacancy to the regional WCM within five (5) calendar days.

COMMUNICATION AMONG ODP, PROVIDERS, SCOs, and AEs:

Collaborative communication among all parties is a critical component of the vacancy management process. AEs develop, maintain and distribute written processes that address the methods of communication that will be maintained with SCOs and providers regarding vacancies. Each provider should also identify a point person in the provider's agency who will be the liaison for vacancy management and contact the AE with any questions regarding the AE's processes. Each provider shall inform the appropriate AE and SCO of the designated waiver residential vacancy management point person.

ACTION STEPS WHEN A VACANCY OR POTENTIAL VACANCY IS IDENTIFIED:

As soon as the provider is aware of an existing or potential residential vacancy in a licensed Chapter 6400 residential settings, the provider must complete the ODP approved, *Provider Vacancy Management Notification Form, DP 1024*, and submit it to the AE where the individual who created the vacancy was registered with a copy to the appropriate regional WCM. Submission of the form should be completed within three (3) business day of the creation of the vacancy. Please note: DP 1024 is attached to this communication and can be found at: <http://www.odpconsulting.net/resources/odp-forms/>

Once the regional WCM receives the *Provider Vacancy Notification Form, DP1024*, the information contained on this document will be placed on the Statewide Vacancy Report. The regional WCM will perform a thorough review to determine whether or not the needs of individuals remaining in the residential habilitation setting have changed after the vacancy.

The AE in which the individual creating the vacancy was registered has the first opportunity to identify an individual who might utilize the waiver vacancy. Upon receiving the *Provider Vacancy Management Notification Form, DP 1024*, the regional WCM will contact the AE to begin the process of filling the waiver vacancy. The AE must identify an individual within their county who has an emergency Prioritization of Urgency of Need for Services (PUNS) whose needs will be addressed by the existing residential vacancy within five (5) calendar days after the *Provider Vacancy Management Notification Form, DP 1024*, is received. In the event the AE has not been successful in identifying an appropriate candidate for the vacancy, ODP will release the vacancy for statewide use. Referrals can then be secured from AEs across the state to ensure individuals waiting for services have the choice of provider who best meets the individuals' needs.

If the provider fails to complete and submit the *Provider Vacancy Notification Form, DP1024*, the provider would not be eligible to provide emergency respite at the residential habilitation service location, and would not be able to request a reduction in approved program capacity.

The goal of ODP in this process is to support the provider to ensure the residential vacancy is accepted by the individual who is most appropriate for the existing residential vacancy and to

provide the providers the opportunity to fill the vacancy as soon as possible given the absence of prior authorization for vacancy payments. The regional WCM will monitor the process and assist the Provider as necessary.

This packet makes obsolete Informational Packet # 085-10 titled "*Provider Vacancy Management Process and Form*"



PROCEDURES

1. Providers should submit the Provider Vacancy Notification form, DP 1024 (revised 7/12), to the AE/county of registration for the individual who created the vacancy and the appropriate regional office of ODP as soon as they become aware of the vacancy. This applies to homes licensed under 55 Pa. Code Chapter 6400.

This process is intended to ensure the timely reporting and efficient use of residential capacity. Residential habilitation providers may only bill for the days when a person is receiving the residential habilitation service, as defined in the approved service definitions.

Submission of the form to the appropriate regional Waiver Capacity Manager (WCM) should be completed within three (3) business days of becoming aware of the vacancy.

2. Movement of an individual to a different site location within the same provider agency can occur when a vacancy exists at one of the provider's site locations that would better meet the needs of the individual. When a vacancy exists, a provider may move an individual internally in order to accommodate the individual's changing needs with advanced concurrence from the team. The movement plan referenced on the front of DP 1024 must be attached and the changing need of the individuals who will be moved must be reflected in each individual's Individual Support Plan (ISP).

The provider agency must communicate the site location of the final remaining vacancy to the regional WCM within five (5) calendar days.

3. Upon receiving the completed form, the regional WCM will contact the AE where the individual who created the vacancy was registered. The AE must identify an individual who has needs that will most appropriately be addressed by the existing residential vacancy and is required to provide that information to the Regional WCM within five calendar days.
 - If the AE does have an individual identified as likely to be appropriate for the vacancy, the AE, SCO and provider will move toward filling the vacancy.
 - If the initial AE does not have an individual identified as likely to be appropriate for the vacancy, the regional WCM will release the vacancy for statewide use. Referrals can then be secured from AEs across the state to ensure that individuals waiting for services have the choice of provider who best meets the individual's need.
4. ODP will review and re-evaluate whether the needs of an individual support the continuation of any one person 6400 home.

INSTRUCTIONS

When a vacancy occurs in a licensed 6400 setting, the provider will notify the appropriate regional WCM and assure provision of the information outlined below.

Provider Information

- The name and address of the provider, service location code, program and licensed capacity;
- The circumstances resulting in the vacancy;
- The name of the person, MCI #, program/funding type associated with the vacancy and their AE/county of registration;
- Date of the vacancy;
- Provider contact information.

If the provider anticipates using the vacancy to make an internal move(s) so that the needs of another person could be better served, the movement plan must be submitted. This shall include the service location where the vacancy resulting from the moves will be located. In no event may this plan alter the program capacity at any service location unless requested and approved by ODP.

The regional WCM will review a form, contact the AE (as outlined above) and, as appropriate, make information about the vacancy available for statewide use.



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|---------------------------|
| Legal Entity Name |
| Street Address |
| City/State/Zip |
| Phone (include area code) |

| | |
|--|---------------------------------|
| MPI #: | Program Capacity: |
| Site Location Code: | Licensed Capacity: |
| <input type="checkbox"/> Community Home | |
| Residential Site Name | Residential Site Street Address |
| Residential Site City/State/Zip | |

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| Responsible AE: |
| Date of Vacancy (mm/dd/yyyy): |
| Vacancy Reason: <ul style="list-style-type: none"> <input type="checkbox"/> Change in residential provider or service change due to residential vacancy. <input type="checkbox"/> Death <input type="checkbox"/> Moving out of Pennsylvania <input type="checkbox"/> Permanent Placement in Alternative setting <input type="checkbox"/> Moved to another residential habilitation site, but still enrolled in Waiver <p style="font-size: small;">If internal moves are planned, attach the movement plan (include name of the individual(s) expected to move, reason(s) for the planned move, affected service location(s), projected move date(s) and service location where the vacancy resulting from the moves will be located.)</p> |

| | |
|--|---|
| Name of Individual: | MCI #: |
| County of Registration: | Waiver Status <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Waiver Status at Request <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled | |

| | |
|------------------------|--------------------------------------|
| Submitted By: | Provider Name: |
| Contact Person: | Phone (include area code): |
| E-Mail Address: | Date of Request (mm/dd/yyyy): |

| | |
|---|-------------------|
| Signature of Regional Waiver Capacity Manager | Date (mm/dd/yyyy) |
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Comments: