

## COMMUNITY HABILITATION SERVICES

**Effective January 1, 2020**

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Audit protocols assist the Medicaid provider community in developing programs to evaluate compliance with Medicaid requirements under federal and state statutory and regulatory law, and administrative procedures issued by the New York State Office for People with Developmental Disabilities (OPWDD). The protocols listed are intended solely as guidance in this effort. This guidance does not constitute rulemaking by OPWDD and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person. Furthermore, nothing in the protocols alters any statutory, regulatory or administrative requirement and the absence of any statutory, regulatory or administrative citation from a protocol does not preclude OPWDD from enforcing a statutory, regulatory or administrative requirement. In the event of a conflict between statements in the protocols and statutory, regulatory or administrative requirements; the requirements of the statutes, regulations and administrative procedures govern.

A Medicaid provider's legal obligations are determined by the applicable federal and state statutory and regulatory law. Audit protocols do not encompass all the current requirements for payment of Medicaid claims for a particular category of service or provider type and therefore are not a substitute for a review of the statutory and regulatory law or administrative procedures.

Audit protocols are applied to a specific provider or category of service(s) in the course of an audit and involve OPWDD's application of articulated Medicaid agency policy and the exercise of agency discretion. Audit protocols are used as a guide in the course of an audit to evaluate a provider's compliance with Medicaid requirements and to determine the propriety of Medicaid expended funds. In this effort, OPWDD will review and consider any relevant contemporaneous documentation maintained and available in the provider's records to substantiate a claim.

New York State, consistent with state and federal law, can pursue civil and administrative enforcement actions against any individual or entity that engages in fraud, abuse, or illegal or improper acts or unacceptable practices perpetrated within the medical assistance program. Furthermore, audit protocols do not limit or diminish OPWDD's authority to recover improperly expended Medicaid funds and OPWDD may amend audit protocols as necessary to address identified issues of non-compliance. Additional reasons for amending protocols include, but are not limited to, responding to a hearing decision, litigation decision, or statutory or regulatory change.

The audit protocol criteria listed below are the **standard audit protocols**. "Appendix" contains flexibilities enacted during the COVID public health emergency.

<b>1.</b>	<b>Missing Record</b>
<b>OPWDD Audit Criteria</b>	If no record is available for review, claims for all dates of service associated with the individual will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 504.3(a) 18 NYCRR Section 540.7(a)(8)
<b>2.</b>	<b>No Documentation of Service</b>
<b>OPWDD Audit Criteria</b>	If the record does not document that a Community Habilitation service was provided, the claim will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 504.3(a) 18 NYCRR Section 517.3(b)
<b>3.</b>	<b>No Determination of a Developmental Disability</b>
<b>OPWDD Audit Criteria</b>	The claim for services provided in the absence of a clinical assessment substantiating a specific determination of developmental disability will be disallowed.
<b>Regulatory References</b>	14 NYCRR Section 635-10.3(a) and (b)(1) 14 NYCRR Section 671.4(b)(1)(i)
<b>4.</b>	<b>Missing or Inadequate Life Plan (LP)</b>
<b>OPWDD Audit Criteria</b>	A copy of the individual's Life Plan (LP), covering the time period of the claim, must be maintained by the agency. The claim will be disallowed in the absence of a Life Plan (LP). If the Life Plan (LP) is not in place prior to the service date and in effect for the service date, the claim will be disallowed.
<b>Regulatory References</b>	14 NYCRR 635-10.2(a) OPWDD ADM #2015-01, p. 8 OPWDD ADM #2018-06R, pp. 1-2
<b>5.</b>	<b>Unauthorized Community Habilitation Services Provider</b>
<b>OPWDD Audit Criteria</b>	The claim will be disallowed if the Life Plan (LP) does not: <ul style="list-style-type: none"> <li>• Identify Community Habilitation as the service to be provided.</li> <li>• List the provider as the authorized provider for a specific service.</li> <li>• Have an effective date for Community Habilitation services that is on or before the first day of service for which the agency bills for services.</li> </ul>
<b>Regulatory References</b>	14 NYCRR Section 635-10.2(a) OPWDD ADM #2015-01, p. 8 OPWDD ADM #2018-06R, pp. 3-4,7
<b>6.</b>	<b>Identification of Frequency and Duration of Service</b>
<b>OPWDD Audit Criteria</b>	The claim will be disallowed if the Life Plan (LP) does not: <ul style="list-style-type: none"> <li>• Specify that the frequency for Community Habilitation is "hour or hourly".</li> <li>• Specify the duration for Community Habilitation is "ongoing".</li> </ul>
<b>Regulatory References</b>	OPWDD ADM #2015-01, p. 8 OPWDD ADM #2018-06R, pp. 3-4,7

<b>7.</b>	<b>Missing Community Habilitation Plan/Staff Action Plan</b>
<b>OPWDD Audit Criteria</b>	The claim will be disallowed in the absence of a Community Habilitation plan/staff action plan. If no Community Habilitation plan/staff action plan is in place prior to the service date and in effect for the service date, the claim will be disallowed.
<b>Regulatory References</b>	OPWDD ADM #2012-01 p. 7 OPWDD ADM #2015-01, p. 8 OPWDD ADM #2018-09R p. 12

8.	<b>Missing Required Elements of the Community Habilitation Plan/Staff Action Plan</b>
<b>OPWDD Audit Criteria</b>	<p>The claim will be disallowed if any of the required elements are missing in the <b>Habilitation Plan</b>:</p> <ol style="list-style-type: none"> <li>1. The individual's name.</li> <li>2. The individual's Medicaid Identification Number (CIN), if the person is a Medicaid enrollee.</li> <li>3. The habilitation service provider's agency name.</li> <li>4. Identification of the habilitation service(s) provided.</li> <li>5. The date on which the Habilitation Plan was reviewed.</li> <li>6. Identification of at least one valued outcome that is derived from the individual's ISP (valued outcomes do not need to be verbatim from the ISP).</li> <li>7. Description of the services and supports the habilitation staff will provide to the person.</li> <li>8. The safeguards (health and welfare) that will be provided by the habilitation service provider.</li> <li>9. The printed name, signature and title of the staff who wrote the Habilitation Plan.</li> <li>10. The date that staff signed the Habilitation Plan.</li> </ol> <p>The <b>Staff Action Plan</b> must contain these required elements:</p> <ol style="list-style-type: none"> <li>1. Individual's name;</li> <li>2. Individual's Medicaid Client Identification Number (CIN) (if the individual is enrolled in the OPWDD HCBS Waiver);</li> <li>3. Habilitation service provider's agency name;</li> <li>4. Name of habilitation service(s) provided (e.g., Residential Habilitation or Day Habilitation);</li> <li>5. Date (day, month, and year) of the Life Plan meeting, or Staff Action Plan review, from which the Staff Action Plan was developed/revised;</li> <li>6. Identification of the goals/valued outcomes (My Goal) from the individual's Life Plan;</li> <li>7. Identification of the provider assigned (habilitative/safeguard) goal(s) and/or support(s) from the individual's Life Plan;</li> <li>8. Description of the service(s) and support(s) and identification of the frequency from Section II or III of the Life Plan (e.g., teaching laundry skills weekly) the habilitation staff will provide to the individual;</li> <li>9. Safeguards (i.e., compilation of all supports and services needed for an individual to remain safe, healthy and comfortable across all settings) that will be provided by the habilitation service provider, which may be a reference to internal guidance documents that further define the safeguards;</li> <li>10. Printed name(s), signature(s) and title(s) of the staff who wrote the Staff Action Plan;</li> <li>11. Date (day, month, and year) that staff signed the Staff Action Plan; and</li> <li>12. Evidence demonstrating the Staff Action Plan was distributed no later than 60 days after: the start of the habilitation services; the life plan review date; or the development of a revised/updated Staff Action Plan, whichever comes first (which may include, but is not limited to: a monthly narrative note; a HITS upload; or e-mail).</li> </ol>

<b>Regulatory References</b>	OPWDD ADM #2012-01, p. 7 OPWDD ADM #2015-01, p. 8 OPWDD ADM #2018-09R, pp. 12-13
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<b>9.</b>	<b>Missing Community Habilitation Plan/ Staff Action Plan Review</b>
<b>OPWDD Audit Criteria</b>	<p>Claims will be disallowed if the relevant <b>Habilitation Plan(s)</b> is not developed, reviewed or revised as necessary at a minimum of at least once annually. At least annually, one of the community habilitation plan reviews must be conducted at the time of the ISP meeting.</p> <p>There must be evidence that the <b>Staff Action Plan</b> was reviewed at least twice annually. Evidence of a review may include but is not limited to a: 1) Review sign-in sheet; 2) Service note indicating a review took place; and/or 3) Revised/updated Staff Action Plan.</p>
<b>Regulatory References</b>	OPWDD ADM #2012-01, p. 7 OPWDD ADM #2015-01, p. 8 OPWDD ADM #2018-09R, p. 13

<b>10.</b>	<b>Missing Required Elements of the Community Habilitation Plan/Staff Action Plan Review</b>
<b>OPWDD Audit Criteria</b>	<p><b>Habilitation Plan:</b> There must be evidence that the Habilitation Plan was reviewed within 12 months prior to the month in which the service occurs. Evidence of a review may include, but is not limited to, a review sign-in sheet, a service note indicating a review, or revised/updated Habilitation Plan.</p> <p>Evidence of reviews must include:</p> <ol style="list-style-type: none"> <li>1. the individual's name,</li> <li>2. the habilitation service(s) under review,</li> <li>3. the staff's signature(s) from the habilitation service,</li> <li>4. the date of the staff's signature,</li> <li>5. date of the review.</li> </ol> <p><b>Staff Action Plan:</b> Evidence of reviews must include the: 1) Individual's name; 2) Habilitation service(s) under review; 3) Staff signature(s) from the habilitation service(s); 4) Date of the staff signature(s); and 5) Date of the review.</p> <p>The claim will be disallowed if one or more of the required elements of the review are missing.</p>
<b>Regulatory References</b>	14 NYCRR Section 635-99.1(bk) OPWDD ADM #2012-01, pp. 3, 7 OPWDD ADM #2018-09R, p. 13

<b>11.</b>	<b>Failure to Write the Initial Community Habilitation Plan/Staff Action Plan Within 60 Days</b>
<b>OPWDD Audit Criteria</b>	For Community Habilitation services, the initial <b>Habilitation Plan</b> must be written within 60 days of the start of the habilitation service and forwarded to the Medicaid Service

	<p>Coordinator (MSC). The claim will be disallowed if the plan is not written within 60 days of the start of the habilitation service.</p> <p>The initial <b>Staff Action Plan</b> must be in place no later than 60 days of the start of the habilitation service, or the Life Plan review date, whichever comes first. Therefore, services that are provided no later than the first 60 days of the start of the habilitation service might not have a Staff Action Plan in place.</p>
<b>Regulatory References</b>	<p>OPWDD ADM #2012-01, pp. 2-3, 7</p> <p>OPWDD ADM #2018-09R, p. 13</p>

<b>12.</b>	<b>Failure to Forward Revised Habilitation Plan/Staff Action Plan for Community Habilitation Within Required Time Frames to the Service Coordinator/Care Manager</b>
<b>OPWDD Audit Criteria</b>	<p>For service dates April 1, 2012, and after, a revised Community <b>Habilitation Plan</b> must be sent to the recipient's service coordinator no more than 30 days after either (a) an ISP review date, or (b) the date on which the habilitation service provider makes a significant change to the plan.</p> <p>The claim will be disallowed if the revised plan was not forwarded within 30 days to the service coordinator.</p> <p>A revised <b>Staff Action Plan</b>, written by the habilitation service provider, must be provided to the Care Manager. Staff Action Plans must be provided to the Care Manager no more than 60 days after either: (a) a Life Plan review date; or (b) the date on which the habilitation service provider makes a change to the Staff Action Plan</p>
<b>Regulatory References</b>	<p>14 NYCRR Section 635-99.1(bk)</p> <p>OPWDD ADM #2012-01, pp. 3-4</p> <p>OPWDD ADM #2018-09R, p. 13</p>

<b>13.</b>	<b>Missing Community Habilitation Service Documentation</b>
<b>OPWDD Audit Criteria</b>	<p>For each continuous period of service delivery (or "session"), the provider must document the delivery of at least one individualized face-to-face service provided by community habilitation staff that is based on the individual's Community Habilitation Plan. The claim will be disallowed in the absence of such documentation.</p>
<b>Regulatory References</b>	<p>14 NYCRR Section 635-10.5(ab)(4)</p> <p>14 NYCRR Section 635-10.5(ab)(9)</p> <p>OPWDD ADM #2015-01, pp. 3-4</p>

<b>14.</b>	<b>Missing Required Elements for Community Habilitation Service Documentation</b>
<b>OPWDD Audit Criteria</b>	<p>The claim will be disallowed in the absence of one or more of the following required elements in the Community Habilitation daily service note:</p> <ol style="list-style-type: none"> <li>1. Individual's name and Medicaid Number;</li> <li>2. Identification of waiver service provided;</li> <li>3. A daily description of at least one face-to-face service provided by staff during each "session";</li> <li>4. Documentation of start and stop times;</li> <li>5. Documentation of the staff-to-individual ratio;</li> <li>6. Individual's response to the service (unless this is noted in the monthly note);</li> <li>7. Date the service was provided;</li> <li>8. The primary service location;</li> <li>9. Verification of service provision by the CH staff person delivering the service;</li> <li>10. The signature and title of the CH staff person documenting the service; and,</li> <li>11. The date the service was documented and signed by the Community Habilitation staff person (completed contemporaneously).</li> </ol>
<b>Regulatory References</b>	<p>14 NYCRR Section 635-10.5(ab)(9) 18 NYCRR 504.3 OPWDD ADM #2015-01, pp. 6-7</p>
<b>15.</b>	<b>Missing or Inadequate Community Habilitation Monthly Summary Note</b>
<b>OPWDD Audit Criteria</b>	<p>The claim will be disallowed in the absence of the required response to service, whether written in the daily note or the monthly note format (completed contemporaneously). In addition, at least monthly there must be a note that: a) summarizes the implementation of the recipient's habilitation plan; and b) addresses the recipient's response to the services provided.</p>
<b>Regulatory References</b>	<p>18 NYCRR 504.3 OPWDD ADM #2015-01, p. 7</p>
<b>16.</b>	<b>Units of Service Billed Exceeded Units of Service Documented</b>
<b>OPWDD Audit Criteria</b>	<p>The provider must document the service start time and service stop time for each Community Habilitation "session."</p> <p>The unit of service for Community Habilitation services is an hour. Services are billed in 15-minute increments, with a full 15 minutes of service required to bill a single increment (i.e., there is no "rounding up").</p> <p>The claim will be disallowed if the number of 15-minute increments billed are not supported by the service start and stop times documented for the Community Habilitation service. Billing unit errors will be disallowed to the extent of the difference between the amount claimed and the actual amount.</p>
<b>Regulatory References</b>	<p>14 NYCRR Section 635-10.5(ab)(9)(i) 14 NYCRR Section 635-10.5(ab)(10) OPWDD ADM #2015-01, pp. 3-4</p>

<b>17.</b>	<b>Billing for Non-Reimbursable Service Time</b>
<b>OPWDD Audit Criteria</b>	If the Community Habilitation claim included time for non-reimbursable services, the time for the non-reimbursable portion of the claim will be disallowed.
<b>Regulatory References</b>	14 NYCRR Section 635-10.5(ab)(7) 14 NYCRR Section 635-10.5(ab)(8) 14 NYCRR Section 635-10.5(ab)(11) OPWDD ADM #2015-01, pp. 4-6

<b>18.</b>	<b>Incorrect Staff to Individual Ratio</b>
<b>OPWDD Audit Criteria</b>	<p>Community Habilitation has six different fee structures based on the staff to individual ratio at the time of service delivery and the residential setting of the individual(s).</p> <ul style="list-style-type: none"> <li>• For CH delivered to individuals residing outside of OPWDD-certified settings, there are four fee structures: <ul style="list-style-type: none"> <li>▪ one staff to one individual;</li> <li>▪ one staff to two individuals;</li> <li>▪ one staff to three individuals; and</li> <li>▪ one staff to four individuals.</li> </ul> </li> <li>• For CH delivered to individuals residing in a qualifying OPWDD-certified setting, there are two fee structures: <ul style="list-style-type: none"> <li>▪ one staff to one individual; or</li> <li>▪ one staff to group (consisting of between two and four individuals).</li> </ul> </li> </ul> <p>The claim will be disallowed if the billed staff to individual ratio was not in accordance with the service record.</p>
<b>Regulatory References</b>	14 NYCRR Section 635-10.5(ab)(5) OPWDD ADM #2015-01, p. 3

<b>19.</b>	<b>Billing for Services Not Authorized by Operating Certificate</b>
<b>OPWDD Audit Criteria</b>	The claim will be disallowed if the agency does not have an operating certificate identifying certification for Community Habilitation services.
<b>Regulatory References</b>	New York State Mental Hygiene Law, Section 16.03(a)(4) 14 NYCRR Sections 619.2(d) 14 NYCRR Sections 619.3



## APPENDIX

Per ADM 2018-06R, As of July 1, 2018, individuals new to the OPWDD system (i.e., on or after July 1, 2018), will have Life plans developed and finalized in accordance with the CCO/HH Manual. Finalized Life Plans for newly enrolled CCO members (i.e., members enrolled after 10/1/2018) are due no later than 90 days after CCO enrollment or HCBS waiver enrollment, whichever comes first.

Per ADM 2018-06R, For Life Plans finalized on or before December 31, 2019 (i.e., the transition period), OPWDD is suspending service documentation requirements for documenting the Waiver service name, frequency, duration, and effective date in the Life Plan. Instead, only the name of the service provider and the service name must be identified in the Life Plan.

Service providers are responsible for reviewing the finalized, acknowledged and agreed to Life Plan. Providers may occasionally find inaccuracies in the finalized, acknowledged and agreed to Life Plan. Providers should demonstrate due diligence in working with the Care Manager, CCOs, OPWDD and/or others to correct the Life Plan as soon as possible. Service providers should document their timely efforts to correct any errors in the Life Plan. Examples of this documentation may include notes in the individual's monthly summary, e-mails, phone calls, etc.

All Life Plans created or amended after the transition period must comply with all regulatory and policy standards.

Per ADM 2018-09R, As of March 1, 2020, At the time of transition to the Life Plan, Habilitation Plans must transition to Staff Action Plans. All individuals transitioning from an ISP to a Life Plan who receive habilitation services must have a staff Action Plan no later than March 1, 2020.

### COVID PUBLIC HEALTH EMERGENCY FLEXIBILITIES:

The chart below contains flexibilities enacted during the COVID-19 Public Health Emergency. The chart below may **NOT** be comprehensive. Please see the OPWDD "Regulations & Guidance" landing page for a comprehensive listing (<https://opwdd.ny.gov/regulations-guidance>).

Policy Area	Flexibility that is Ending	Start Date of Flexibility	End Date of Flexibility	Where to find Post-PHE Policy & Resources
In-person Face-to-Face requirements	Face-to-Face requirements, beyond those deemed medically necessary are waived.	April 17, 2020	May 11, 2023	<a href="#">Interim Care Planning and Related Activities Guidance Under COVID-19</a>  <a href="#">OPWDD Care Management Remote Technology Service Delivery Policy</a>

<p><b>Level of Care Eligibility Determination (LCED) Annual Redetermination</b></p>	<p>The annual LCED redeterminations are deferred for no more than six (6) months from the original due date.</p>	<p>April 17, 2020</p>	<p>May 11, 2023</p>	<p><a href="#">Interim Care Planning and Related Activities Guidance Under COVID-19</a></p> <p><a href="#">Public Health Emergency (PHE) Flexibilities Unwinding</a></p> <p><a href="#">ADM #2020-02 Revised Intermediate Care Facilities for Individuals with Intellectual Disabilities ICF/IDD Level of Eligibility Determination (LCED)</a></p>
<p><b>Life Plan Signatures</b></p>	<p>Verbal or email approval of proposed changes and additions to the Life Plan are acceptable.</p>	<p>April 17, 2020</p>	<p>May 11, 2023</p>	<p><a href="#">Interim Care Planning and Related Activities Guidance Under COVID-19</a></p> <p><a href="#">Public Health Emergency (PHE) Flexibilities Unwinding</a></p> <p><a href="#">ADM #2018-06R2 Transition to People First Care Coordination</a></p>
<p><b>Timeframes for Finalization of Non-COVID 19 Related Life Plan Changes and corresponding changes to the Staff Action Plan</b></p>	<p>Timeframes for finalization of non-COVID-19 related Life Plan changes that were in-process prior to March 7, 2020, or which result from any Life Plan meetings or reviews held during the PHE, are waived. The corresponding changes to the Staff Action Plans can similarly be deferred.</p>	<p>April 17, 2020</p>	<p>May 11, 2023</p>	<p><a href="#">Public Health Emergency (PHE) Flexibilities Unwinding</a></p> <p><a href="#">CCO Provider Guidance and Manual</a></p> <p><a href="#">ADM #2018-09R Staff Action Plan Program and Billing Requirements</a></p> <p><a href="#">ADM #2018-06R2 Transition to People First Care Coordination</a></p>
<p><b>Life Plan Annual Meetings</b></p>	<ul style="list-style-type: none"> <li>• Ability to hold the annual Life Plan meeting remotely versus face-to-face.</li> <li>• The annual Life</li> </ul>	<p>April 17, 2020</p>	<p>May 11, 2023</p>	<p><a href="#">Interim Care Planning and Related Activities Guidance Under COVID-19</a></p> <p><a href="#">CCO Provider Guidance</a></p>

	<p>Plan review date may be extended if the Care Manager made reasonable efforts to hold the meeting on time, and the reason for the delay is well documented in the Care Management Record.</p>			<p><a href="#">and Manual</a></p> <p><a href="#">ADM #2018-06R2 Transition to People First Care Coordination</a></p> <p><a href="#">OPWDD Care Management Remote Technology Service Delivery Policy</a></p>
<p><b>Immediate Life Plan/Staff Action Plan Changes related to COVID-19</b></p>	<p>The COVID-19 Life Plan/Staff Action Plan Addendum may be used to describe any needed updates per the addendum instructions.</p>	<p>April 17, 2020</p>	<p>November 11, 2023</p>	<p><a href="#">Interim Care Planning and Related Activities Guidance Under COVID-19</a></p> <p><a href="#">Public Health Emergency (PHE) Flexibilities Unwinding</a></p> <p><a href="#">Care Planning Post PHE Service Options Memo August 2021</a></p> <p><a href="#">Willowbrook Class Member Request to Return to Day Service ADM #2021-02 Requirements for Com Hab-Res (CH-R) Services</a></p> <p><a href="#">ADM#2021-03 Ability to use Technology to Remotely Deliver HCBS   OPWDD</a></p> <p><a href="#">ADM #2018-09R Staff Action Plan Program and Billing Requirements</a></p>

<p><b>Life Plans and Service Authorizations and Amendments</b></p>	<p>Requirement for a Life Plan or in-process Life Plan to justify the need for service authorization or amendment are waived.</p>	<p>April 17, 2020</p>	<p>November 11, 2023</p>	<p><a href="#">Interim Care Planning and Related Activities Guidance Under COVID-19</a></p> <p><a href="#">Public Health Emergency (PHE) Flexibilities Unwinding</a></p> <p>In process Life Plan requirements: <a href="#">Life Plans and Service Authorization Memo 3.15.22</a></p> <p><a href="#">HCBS Waiver Application Requirements for Parental Deeming</a></p>
<p><b>Request for Service Authorization (RSAs) and Service Amendment Request Forms (SARFs) Signature</b></p>	<ul style="list-style-type: none"> <li>• Electronic signatures on the RSA and SARF are allowed.</li> <li>• Individual/family/representative signature is not required.</li> </ul>	<p>April 17, 2020</p>	<p>N/A Adopted as OPWDD Policy on March 15, 2022, requiring only one signature from a CCO staff.</p>	<p><a href="#">Interim Care Planning and Related Activities Guidance Under COVID-19</a></p> <p><a href="#">Public Health Emergency (PHE) Flexibilities Unwinding</a></p> <p><a href="#">Updated Request for Service Authorization Form, 3-15-2022</a></p> <p><a href="#">Service Amendment Request Form.pdf (ny.gov)</a></p>
<p><b>Community Habilitation</b></p>	<p>Allowing those who live in a certified residence to receive Community Habilitation services in the residence and services to be temporarily provided out-of-state.</p>	<p>April 17, 2020</p>	<p>November 11, 2023</p>	<p><a href="#">Interim COVID-19 Guidance Regarding Community Habilitation Services</a></p>
<p><b>Community Habilitation</b></p>	<p>Community Habilitation providers to temporarily provide and bill Medicaid for services that support the</p>	<p>April 17, 2020</p>	<p>October 14, 2020</p>	<p><a href="#">Interim COVID-19 Guidance Regarding Community Habilitation Services</a></p>

	person and his/her family while maintaining social distancing.			
<b>Fiscal Intermediary (FI)</b>	Retainer payments are temporarily available for self-hired staff delivering Community Habilitation services and other services that include personal care as a service component.	March 7, 2020	November 11, 2023	<a href="#">Public Health Emergency (PHE) Flexibilities Unwinding</a>