

## **OPWDD Guidance Documents with Payment Standards**

This guidance document contains payment standards, with all payment standards shaded in grey. Any requirement in this guidance document which is not shaded in grey is a program standard or an explanation, illumination or illustration to aid auditors in interpreting the documents. Please note that there may be instances where materials may be partially shaded in a sentence, paragraph or beneath a header. It is OPWDD's intent that only those words that are shaded shall be considered part of a payment standard and any other words within a sentence or paragraph or below a header that are not shaded should be construed to be a program standard or an explanation, illumination or illustration to aid auditors in interpreting the document.

George E. Pataki  
Governor



Thomas A. Maul  
Commissioner

STATE OF NEW YORK  
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 HOLLAND AVENUE  
ALBANY, NEW YORK 12229-0001  
(518) 473-1997 • TDD (518) 474-3694  
www.omr.state.ny.us

## **Administrative Memorandum - #2003-02**

**To:** Executive Directors of Agencies Authorized to Provide Plan of Care  
Support Services  
DDSO Directors

**From:** Gary Lind  
Director, Policy, Planning and Individualized Initiatives

**Subject:** Plan of Care Support Services

**Date:** March 5, 2003

**Suggested Distribution:**

Medicaid Service Coordinators and supervisors  
Agency managers  
Billing Department staff

**Purpose:**

This administrative memorandum will define Plan of Care Support Services (PCSS), a Home and Community-Based waiver service (HCBS), and explain how to use the service properly.

**Background:** Each person enrolled in the HCBS waiver must have an Individualized Service Plan (ISP) developed and then reviewed at least every six months. Typically this requirement is met through the receipt of Medicaid Service Coordination (MSC), which is a Medicaid State Plan service. MSC is an ongoing service requiring monthly face-to-face contact between the consumer and the service coordinator. Some consumers and families requested the opportunity to coordinate their ISP without the month-to-month oversight of a professional service coordinator. In response, PCSS was developed. Effective June 1, 2000, OMRDD introduced PCSS as an alternative for maintaining the Individualized Service Plan (ISP). Title 14 of the Official Compilation of Codes, Rules and Regulations of the State of New York, section 635-10.5(a) states the service standards and requirements for PCSS.

### **PCSS Definition:**

PCSS providers (a) assist consumers to review and update the ISP in accordance with applicable New York State regulations, federal guidelines and OMRDD policy, and (b) ensure the annually required level of care (LOC) determination is completed within one year of the previous determination. PCSS is delivered by a qualified Medicaid Service Coordinator.

In order to continue to meet the ISP and level of care eligibility requirements in New York State's waiver agreement with the Center for Medicare and Medicaid Services (CMS), consumers enrolled in the HCBS Waiver who choose not to receive MSC must receive Plan of Care Support Services contingent on official approval by the Developmental Disabilities Service Office (DDSO) or New York City Regional Office (NYCRO). **Prior to receiving PCSS, a consumer enrolled in the HCBS waiver must have received at least three months of MSC**, with the exception of Early Intervention enrollees.

PCSS is a service that produces or updates the ISP. PCSS is a justified service when it is used for the purpose of coordinating other Home and Community-Based Services (HCBS). Therefore, PCSS may only be authorized when the consumer receives at least one other waiver service that meets a specific need.

For a person with verifiable comprehensive and ongoing service coordination needs, who is not enrolled in the HCBS Waiver, but wishes to receive PCSS for purposes of ISP development, PCSS may be provided as a "Non-Waiver Enrolled (NWE)" or "mirrored service." **The individual must be authorized for "mirrored" PCSS by the DDSO or NYCRO.**

### **Children in the Early Intervention Program**

Children participating in the Early Intervention (EI) Program receive an IFSP (Individual Family Service Plan) for their EI services, **but they must also have an ISP if they are receiving an HCB service at the same time.** Because EI children receive service coordination from the EI program, they are therefore ineligible for MSC. **It is an approved practice for these children to receive PCSS and another HCB waiver service.** Additionally, some families request PCSS alone to allow a seamless transition into HCBS either during or following their participation in the EI program. **In such instances, children should receive PCSS when it is expected that they will receive another HCB waiver service within a year of waiver enrollment.**

### **Service Coordinator tasks:**

Service coordinators providing Plan of Care Support Services will be responsible for the following tasks:

- (1) Maintaining a current ISP in consultation with the consumer, and completing a review at least every six (6) months. **This review must include a face-to-face contact with the consumer at the consumer's residence or at an alternate site mutually agreed to by the consumer and the service coordinator.** The consumer is responsible for contacting the service coordinator to initiate any changes to the ISP should they be needed prior to the next review. ISPs will be based on consumer choice, consumer capabilities, appropriate professional consultation, and the professional judgment of the service coordinator.
- (2) Making whatever contacts with the consumer's advocate, if any, and major service providers necessary to accurately review and update the ISP if needed. The consumer, his/her family or advocate may request a review or voice an objection to the ISP, consistent with 14 NYCRR section 633.12.
- (3) Assuring that necessary safeguards have been identified to protect the health and welfare of the consumer.
- (4) Assuring that the ICF/MR level of care eligibility determination is completed annually for all HCBS enrollees.
- (5) Maintaining a record that includes all required waiver enrollment documentation, clinical assessments, the ISP (and attachments) and Plan of Care Support Service notes. **The ISP must be retained by the PCSS provider agency,** with copies provided to the consumer, advocate and primary service providers.
- (6) Notifying the DDSO/NYCRO if the consumer is no longer eligible for waiver services.
- (7) Initiating a re-enrollment in Medicaid Service Coordination if circumstances warrant, such as (a) the consumer's health or safety are compromised, (b) the plan can not address the needs or outcomes, and/or (b) the consumer chooses to receive Medicaid Service Coordination.

### **PCSS Provider Qualifications:**

Plan of Care Support Services shall be delivered by an authorized vendor of Medicaid Service Coordination. The provider must also have an HCBS waiver provider agreement with OMRDD and NYS DOH for PCSS.

**Service Coordinator Qualifications:**

Any service coordinators providing Plan of Care Support Services must meet the requirements of either clause (a) or (b) below:

- (1) Provided OMRDD sponsored Comprehensive Medicaid Case Management or HCBS Waiver service coordination prior to 2/29/00; and
- (2) Attends, annually, fifteen hours of professional development.
- (3) Has completed an OMRDD-approved core service coordination training program.

**(b)** The service coordinator:

- (1) Has at least an associates degree, or equivalent accredited college credit hours, in a health or human services field or be a registered nurse; and
- (2) Has at least one year experience working with persons with developmental disabilities or at least one year experience providing service coordination to any population; and
- (3) Has completed an OMRDD-approved core service coordination training program; and
- (4) Attends, annually, fifteen hours of professional development.

**Documentation Requirements:**

The federal CMS HCBS Waiver Review Protocol lists elements that must be included in the documentation of HCBS Medicaid payment claims. Based on the federal listing, this OMRDD administrative memorandum provides clarifying information on the required components of acceptable service documentation for Plan of Care Support Services.

Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Section 504.3 states that by enrolling in the Medicaid Program, “the provider agrees...to prepare and to maintain contemporaneous records demonstrating its right to receive payment under the medical assistance program and to keep for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider and to furnish such records and information, upon request to...the Secretary of the United States Department of Health and Human Services, the Deputy Attorney General for Medicaid Fraud Control and the New York State Department of Health.” It should be noted that there are other entities with rights to audit Medicaid waiver claims as well.

## **PCSS Service Note Required Elements**

The service coordinator must record a narrative note at least every six (6) months. The note must be entered in the Service Coordinators Notes section of the primary record no later than the fifteenth (15<sup>th</sup>) day of the month following the record review. The PCSS service note documentation must include the following:

1. Consumer's name and Medicaid number ("CIN") (Note that the "CIN" need not be included in the service note documentation, rather it can appear in the consumer's ISP).
2. Identification that this note pertains to Plan of Care Support Services.
3. A narrative statement that (a) verifies that a record review was held, (b) verifies that the ISP has been updated and states what changes were made, if any, to the plan, (c) states the service coordinator's recommendation for the person to either continue to use PCSS or to refer the person to reinitiate monthly MSC services and (d) verifies that a face-to-face contact was made with the consumer, including the date.
4. The service coordinator's name, signature and title.
5. The date the note was written. (Medicaid rules require that the note must be contemporaneous to the service provision.)

## **Documentation Retention**

In addition to the service notes supporting each PCSS claim, the PCSS provider must retain the consumer's ISP covering the time period of the PCSS payment claim. The ISP, Section 2, HCB Waiver Services, must identify PCSS and include the following elements:

- The category of waiver service provided (i.e., Plan of Care Support Services).
- The name of the PCSS provider.
- The frequency (six months) and the duration (ongoing) of PCSS.
- The effective date for PCSS. The effective date must be on or before the first date of service that your agency bills for PCSS.

All documentation specified above, including ISPs, Level of Care and service documentation, must be retained for a period of at least six years from the date of the service billed.

**Unit of Service:**

The unit of service for Plan of Care Support Services is six (6) months. The agency providing PCSS may bill for the service no more frequently than once every six months. Therefore, the ISP must state that the frequency of PCSS is six (6) months.

Questions regarding PCSS should be directed to Kevin O'Dell at 518-474-5647 or e-mail at [kevin.odell@omr.state.ny.us](mailto:kevin.odell@omr.state.ny.us)

|     |                       |                  |
|-----|-----------------------|------------------|
| cc: | Provider Associations | Kathy Broderick  |
|     | Peter Pezzolla        | Helene Desanto   |
|     | Jan Abelseth          | Kevin O'Dell     |
|     | Jim Moran             | Barbara Brundage |
|     | Allen Schwartz        | Carol Metevia    |