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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 - #2003-03

TO: Executive Directors of Agencies Authorized to Provide:

- x Residential Habilitation Services
- x Day Habilitation Services
- x Prevocational Services
- x Supported Employment Services
- x Medicaid Service Coordination

DDSO Directors

FROM: Gary Lind, Director
Policy, Planning and Individualized Initiatives

Jan Abelseth, Deputy Commissioner
Division of Quality Assurance

SUBJECT: HABILITATION PLAN REQUIREMENTS

DATE: December 5, 2003

Suggested Distribution:

Habilitation Services Staff
Agency Managers
Billing Department Staff
Medicaid Service Coordinators and Supervisors

Purpose:

This Administrative Memorandum will define the Habilitation Plan and state the elements that must be in all Habilitation Plans for both Home and Community-Based Services (HCBS) Waiver enrollees and non-enrollees that receive a Habilitation Service funded by OMRDD.

Habilitation Services are:

- (a) Residential Habilitation in approved sites: Individualized Residential Alternative (IRA), Community Residence (CR), At-home, and Family Care;
- (b) Day Habilitation;

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- (c) Prevocational Services; and
- (d) Supported Employment (SEMP).

The memorandum will also provide guidelines about the monthly summary note documentation and quality features of the Habilitation Plan.

There are standards for service quality and standards for service billing. Habilitation service providers must meet the documentation requirements in this administrative memorandum to justify habilitation service billing. Service quality standards are based on the requirements in this memorandum plus OMRDD Division of Quality Assurance Provider's Guide To the Non-ICF Survey Process (October, 2002) and The Key to Individualized Services - The Home and Community Based Services Waiver Provider Guide (OMRDD, 1997).

Defining the Habilitation Service and Habilitation Plan:

Habilitation Services are those supports and services that assist people to live successfully in their home, work at their jobs and participate in the community. Habilitation Plans describe what staff (the word "staff" in this memo includes family care providers) will do to help the person reach his or her valued outcome(s) that have been identified in the Individualized Service Plan (ISP). The ISP provides the authorization for delivering a particular Habilitation Service (e.g., Day Habilitation). Habilitation Services involve staff teaching a skill and/or helping the person, i.e., providing a support, and new experiences. The regulations that govern Habilitation Services are 14 NYCRR Parts 624, 633, 671, 686, and subpart 635-10.

Habilitation Plan Requirements:

The Habilitation Service Provider writes the Habilitation Plan. The ISP is written by the person's service coordinator as required under either Medicaid Service Coordination or Plan of Care Support Services. The Habilitation Plan describes the services and supports that will enable the person to pursue his/her valued outcome(s) stated in the ISP. The initial Habilitation Plan is written by the Habilitation Service Provider in collaboration with the person, their advocate and service coordinator within 60 days of the start of the Habilitation Service and is forwarded to the service coordinator. Subsequent revised Habilitation Plans, which are also written by the Habilitation Service Provider, are given to the person's service coordinator no more than 30 days after either: (a) the six-month ISP review date, or (b) the Habilitation Service Provider makes a significant change in the Habilitation Plan as agreed upon by the person, their advocate and service coordinator.

The Habilitation Plan Must Contain the Following Seven Elements:

1. The person's (a) name and (b) Medicaid Identification Number (CIN), if the person is a Medicaid enrollee.
2. The Habilitation Service Provider agency name and type of Habilitation Service provided (e.g., Day Habilitation). The Habilitation Service Provider may use a pre-printed format for this

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information. Absent pre-printed information, the Provider name and type of Habilitation service must be entered on the plan.

3. The **date on which the Habilitation Plan was last reviewed**. Each Habilitation Plan must be reviewed and revised as necessary when there is a significant change in the Habilitation Service. At a minimum, the Habilitation Plan must be reviewed (and revised as necessary) at least once every six months. It is recommended that the six-month review be conducted at the time of the ISP meeting arranged by the person's service coordinator. When the Habilitation Plan is reviewed at the ISP meeting, the Habilitation Plan review date will correspond to the ISP review meeting date. At least annually, the Habilitation Plan must be reviewed at the ISP meeting with the service coordinator, consumer, advocate, and with all other major service providers in attendance.
4. The person's **valued outcome(s)** that will be addressed through the Habilitation Service. The person's valued outcome(s) are specified in the ISP. The Habilitation Service is "authorized" only where the service relates to at least one of a person's valued outcomes. The Habilitation Plan writer uses these valued outcomes as a starting point for writing the Habilitation Plan and then goes on to describe the combination of skill acquisition, staff supports and exploration of new experiences that will enable the person to reach the particular valued outcome(s). A single Habilitation Plan may address one or more valued outcomes.
5. A description of the **services and supports** the Habilitation Service Provider staff will provide to the person. The services and supports that will be provided by the Habilitation staff are further described in the section of this memorandum titled "Quality Features of the Habilitation Plan."
6. The **safeguards** (health and welfare) that will be provided by the Habilitation Service Provider. The safeguards delineated in Section 1 of the ISP are used as the starting point for the Habilitation Service Provider. Safeguards are necessary to provide for the person's health and safety while participating in the habilitation service. All habilitation staff, as appropriate, must have knowledge of the person's safeguards.
 - a. Safeguards for persons receiving IRA Residential Habilitation are addressed in the individual's Plan of Protective Oversight in accord with 14 NYCRR Section 686.16. The individual's Plan of Protective Oversight is *attached* to the IRA Residential Habilitation Plan.
 - b. For all other Habilitation Services (Residential Habilitation in Family Care, CRs and At Home; Day Habilitation; Prevocational Services; and Supported Employment) safeguards are *included* in the Habilitation Plan or the plan must *reference* other documentation that specifies the safeguards. *Information on the safeguards must be readily available to the Habilitation Service Provider staff.*

For example:

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- i. A safeguard *included* in the Habilitation Plan for a person with exercise-induced asthma might state that he or she must use an inhaler prior to any physical activity.
- ii. The Habilitation Plan might *reference* the nutritional plan notebook located in the program office, which contains information on the individual's food allergies.

Either including the safeguards or referencing the safeguards is acceptable.

- c. As required in 14 NYCRR Part 633, the medication records stand-alone from the Habilitation Plan. The Habilitation Plan references the medication records as containing important health related information when applicable. If the Habilitation Service Provider is teaching the person to self-administer medication, that goal and methodology should appear in the Habilitation Plan.
- d. Providers of residential habilitation, including at-home services or services provided in IRAs, must have written procedures for providing back-up supports to consumers when the absence of the provider's regularly scheduled staff would pose a serious threat to the person's health or safety.

For certified IRAs, this information must be included in site-specific plans for protective oversight, and in individual plans for protective oversight as appropriate. For individuals receiving at-home residential habilitation, the information could be included in individual residential habilitation plans if appropriate, but minimally must be available in writing as part of the agency's policies and procedures.

7. The **printed name, signature and title** of the person who wrote the Habilitation Plan and the **date** it was written or revised.

The Monthly Note:

To support service claim documentation and quality services, the service provider must assure that at least monthly, or more frequently if the provider so chooses, a narrative note is written that: a) summarizes the implementation of person's Habilitation Plan, b) addresses the person's response to the services provided, and c) states any issues or concerns about the plan or the person.

Service Claim Documentation:

ADM-2002-01, ADM 2002-02, ADM 2003-04 and ADM 2003-05 describe service documentation requirements for billing. For all Habilitation Services, there must be documentation of individualized services that are drawn from the person's Habilitation Plan.

Quality Features of the Habilitation Plan:

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A Habilitation Plan is individualized by using the person's valued outcomes as a starting point. The Habilitation Plan should address one or more of the following strategies for service delivery: skill acquisition/retention, staff support, and exploration of new experiences. The strategies are discussed below. The Habilitation Service Provider, using professional judgment and in collaboration with the person and his/her service coordinator, decides which service strategies are to be addressed in the Habilitation Plan. The Habilitation Plan must be specific enough to enable new Habilitation Service staff to know what they must do to implement the person's Habilitation Plan. It should be noted that the Habilitation Plan provides strategies for habilitation service delivery and is not meant to identify each and every activity that occurs throughout the day.

1. **Skill Acquisition/retention** describes the services staff will carry out to make a person more independent in some aspect of life. Staff assess the person's current skill level, identify a method by which the skill will be taught and measure progress periodically. The assessment and progress may be measured by either observation, interviewing staff or others that know the person well and/or by data collection.

Skill acquisition/retention goals should be considered in developing the Habilitation Plan. Further advancement of some skills may not be reasonably expected for certain people due to a medical condition, advancing age or the determination that the particular skill has been maximized due to substantial past efforts. In such instances, based on an appropriate assessment by members of the habilitation service delivery team, the Habilitation Service can be directed to skill retention.

2. **Staff Supports** are those actions provided by the habilitation staff when the person is not expected to independently perform a task without supervision that is essential to preserve the person's health or welfare, or to reach a valued outcome. Examples are assistance with personal hygiene or activities of daily living. Staff oversight of the person's health and welfare is also a part of the Habilitation Service (e.g., when staff accompany people in the community or provide first aid).
3. **Exploration of new experiences** is an acceptable component of the Habilitation Plan when based on an appropriate review by the Habilitation Service Provider. Learning about the community and forming relationships often require a person to try new experiences to determine life directions. This trial and error process eventually enables the person to make informed choices and, consequently, to identify new valued outcomes that then become part of the ISP and the Habilitation Plan.

For additional information about the Habilitation Plan, please contact Mr. Kevin O'Dell, Director of Waiver Management, at (518) 474-5647 or via e-mail at kevin.odell@omr.state.ny.us.

cc: Provider Associations

Jim Moran

Allen Schwartz

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Lisa Kagan
Helene DeSanto
Kathy Broderick

Barbara Brundage
Peter Pezzolla
Carol Metevia

Barbara Brundage
Kevin O'Dell