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ADMINISTRATIVE MEMORANDUM - #2003-04

TO: Executive Directors of Agencies Authorized to Provide Day Habilitation Services
Executive Directors of Agencies Authorized to Provide Medicaid Service
Coordination
DDSO Directors

FROM: Jan Abelseth, Deputy Commissioner
Quality Assurance

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Policy, Planning and Individualized Initiatives

James F. Moran, Interim Deputy Commissioner
Administration and Revenue Support

SUBJECT: DAY HABILITATION SERVICE DOCUMENTATION REQUIREMENTS

DATE: December 5, 2003

Suggested Distribution:

Day Habilitation Program/Service Staff
Quality/Compliance Staff
Billing Department Staff
MSC Service Coordinators and Service Coordinator Supervisors

Purpose:

This is to review the Day Habilitation service documentation requirements that support a provider's claim for reimbursement. These service documentation criteria apply to Day Habilitation services rendered to Home and Community Based Services (HCBS) waiver-enrolled individuals as well as to non-waiver enrolled individuals. Requirements set forth in this Administrative Memorandum supersede fiscal audit service documentation requirements addressed in The Key to Individualized Services, The Home and Community Based Services Waiver (OMRDD, 1997). Quality service standards in The Key remain the same.

Background:

18 NYCRR, Section 504.3(a) 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.” (emphasis added) It should be noted that there are other entities with rights to audit Medicaid waiver claims as well, including OMRDD.

The regulatory basis for HCBS Waiver Day Habilitation is in 14 NYCRR section 635-10.4 (b)(2) and 635-10.5 (c)

Day Habilitation Services:

The billing unit of service for Day Habilitation is a day, although the length of that day may vary by consumer. To bill for each day of service, Day Habilitation staff must deliver and daily document at least one face-to-face individualized day habilitation service delivered in accordance with the individual’s ISP and Day Habilitation Plan.

Service Documentation:

Medicaid rules require that service documentation be contemporaneous with the service provision.

Required service documentation elements are:

1. Consumer’s name and Medicaid number (CIN) (Note that the CIN need not be included in daily documentation, rather it can appear in the consumer’s Day Habilitation Plan)
2. Identification of category of waiver service provided (i.e. Day Habilitation)
3. **A daily description of at least one face-to-face service provided by staff**, which is an individualized service based on the person’s Day Habilitation Plan (e.g. the staff person documents that he/she “taught the person how to wipe off the lunch table after completing lunch”)
4. The consumer’s response to the service (e.g. the staff person documents that “when the consumer finished eating, he was able to clean off the lunch table independently”) (Note: at a minimum, the consumer response must be documented in a monthly summary note, though a provider may choose to include the consumer response more frequently, e.g. daily)
5. The date the service was provided
6. The primary service location (e.g. Maple Avenue Day Habilitation)
7. Verification of service provision **by the Day Habilitation staff person delivering the service** (Initials are permitted, if a “key” is provided which identifies the title, signature and full name associated with the staff initials)
8. The signature and title of the Day Habilitation staff person documenting the service
9. The date the service was documented (must be contemporaneous with service provision)

The acceptable format for the service documentation supporting a provider's billing submittal is either a narrative note or a checklist/chart with an entry made contemporaneously for each day the day habilitation service is delivered and billed.

Narrative Note Format

If the narrative note format is selected, the documentation can be completed in one of two ways:

1. A daily service note describing at least one face-to-face individualized service delivered by Day Habilitation staff. The note does not include the consumer's response to the service. If this format is selected, a monthly summary note is required. This monthly note must summarize the implementation of the individual's Day Habilitation Plan, address the consumer's response to the services provided and any issues or concerns; **OR**
2. A daily service note describing at least one face-to-face individualized service delivered by Day Habilitation staff and the consumer's response to the service delivery. Additionally, at least one of the daily notes written during the month must summarize the implementation of the individual's Day Habilitation Plan and address any issues or concerns.

Checklist / Chart Format

A provider may elect to document at least one face-to-face individualized Day Habilitation service delivered by Day Habilitation staff each day service is delivered using a checklist or chart. If this format is selected, a monthly summary note is also required. The monthly summary note must summarize the implementation of the individual's Day Habilitation Plan; address the consumer's response to services provided and any issues or concerns.

Both the Narrative Note format and the Checklist/Chart format must include all the Service Documentation elements listed above, including a description of at least one face-to-face individualized service provided by Day Habilitation staff each day the provider bills Day Habilitation.

Other Documentation Requirements:

In addition to the service note(s) supporting the Day Habilitation billing claim, your agency must maintain the following documentation:

- ✓ A copy of the consumer's Individualized Service Plan (ISP), covering the time period of the claim, developed by the consumer's Medicaid Service Coordinator (MSC) or Plan of Care Support Services (PCSS) service coordinator. The ISP must specify the category of waiver service that your agency is providing (i.e. Day Habilitation) and must designate your agency as the provider of the service.

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Further, the ISP must specify an effective date for Day Habilitation that is on or before the first date of service for which your agency bills Day Habilitation for the consumer.

- ✓ The Day Habilitation Plan developed by your agency that conforms to the Habilitation Plan requirements found in ADM 2003 -03. The Day Habilitation Plan must “cover” the time period of the Day Habilitation service claim. Note that the consumer’s Day Habilitation Plan is attached to his/her ISP.

Documentation Retention:

All documentation specified above, including the ISP, Day Habilitation Plan and service documentation, must be retained for a period of at least six years from the date of the service billed. Diagnostic information and other clinical records are generally maintained for a longer period of time and are not the subject of this memorandum.

For additional information on the documentation requirements or to request samples of documentation checklist formats, contact Ms. Carol Metevia, Director of Training and Medicaid Standards at (518) 408-2096, or Mr. Kevin O’Dell, Director of Waiver Management at (518) 474-5647.

cc: Provider Associations
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