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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 - #2006-03

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

FROM: Helene DeSanto, Executive Deputy Commissioner
and Interim Director, Quality Assurance

Gary Lind, Director
Policy, Planning and Individualized Initiatives

James F. Moran, Deputy Commissioner
Administration and Revenue Support

SUBJECT: SERVICE DOCUMENTATION REQUIREMENTS FOR PREVOCATIONAL
SERVICES

DATE: January 1, 2006

Suggested Distribution:

Prevocational Services Program/Service Staff
Quality/Compliance Staff
Billing Department Staff
MSC Service Coordinators and Service Coordinator Supervisors

Purpose:

This is to review the Prevocational Services service documentation requirements that support a provider's claim for reimbursement. These service documentation criteria apply to Prevocational Services rendered to Home and Community Based Services (HCBS) waiver-enrolled individuals as well as to non-waiver enrolled individuals effective January 1, 2006. Requirements set forth in this Administrative Memorandum supersede Administrative Memorandum 2003-05 and 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 Prevocational Services is in 14 NYCRR section 635-10.4 (c) and 635-10.5 (e).

Prevocational Services Billing Standard:

Payment for Prevocational Services requires for each consumer served, prior authorization from the DDSO/NYCRO. Prevocational Services are billed as either a Full Unit or a Half Unit. A Full Unit may be billed when staff deliver and document at least two individualized face-to-face Prevocational Services to a consumer during the program day, and the program day duration is four to six hours in duration. A Half Unit of Prevocational Services may be billed when staff deliver and document at least one individualized face-to-face Prevocational Service to a consumer during the program day, and the program day duration is at least two hours.

For Prevocational Services the *program day duration* is defined as the length of time the consumer attends the provider’s “vocational/work program.” In cases where the provider’s Prevocational Services are delivered outside a “vocational/work program” setting, the *program day duration* is the length of time that staff provide face-to-face Prevocational Services to the consumer. Time spent in the following activities cannot be counted toward the program day duration:

- Time the consumer spends being transported to the first Prevocational Services activity of the day and time being transported home or to the next activity after the conclusion of Prevocational Services.
- Time the consumer spends at a separate service (e.g., a clinic service) and the time being transported to and from the separate service.

Note: The provision of Medicaid Service Coordination (MSC) is the only exception to the rule regarding other services being “backed out” of the Prevocational Services Program Day. Time the consumer spends meeting with his/her MSC Service Coordinator may be counted toward the Prevocational Services Program Day as long as the visit occurs at the Prevocational Services site. Also, the consumer’s time at the ISP review conducted by the MSC Service Coordinator may be counted toward the Prevocational Program Day duration as long as the Prevocational Services staff accompany the consumer to the meeting.

- Mealtime.

Prevocational Services delivered during mealtimes, while at a clinic or during travel specified above, cannot be used to meet the billing requirements for a Full or Half Unit. While services provided at these times are important to service quality, they cannot be used to fulfill the billing requirement of two services for a Full Unit or one service for a Half Unit.

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 Prevocational Services Plan.
2. **Identification of category of waiver service provided.** The consumer’s Individualized Service Plan (ISP) should identify the category of waiver service as “Prevocational Services.”
3. **A daily description of the required minimum number of face-to-face services provided by staff.** Face-to-face services are individualized services based on the person’s Prevocational Services Plan, e.g., the staff person documents that he/she “taught the consumer how to return from breaks by using his watch to keep track of time.” The number of face-to-face services required to support billing depends on the unit billed and is described in the above section titled “Billing Standards.”
4. **Documentation that the minimum service duration requirement was met.** For Prevocational Services, the provider may document the *program day duration* by indicating the service start time and service stop time. Alternatively, the provider may elect to document the program day duration with a daily affirmation, stating that the minimum duration was met in either a narrative note or checklist format, e.g., “*I attest that a 4-hour program day was provided today to John Smith. Sally Jones, Prevocational Services Worker, January 12, 2006.*” Note that where a provider does not

document service start and service stop time, an outside reviewer may require other documentation that supports the service duration, for example, a bus log that demonstrates the consumer was at a Prevocational Services site for at least 4 hours. In addition to documenting the program day duration, when a consumer attends another service during the Prevocational Services program day, such as a clinic service or doctor's appointment, the provider must document the "clock" time of the consumer's departure from the Prevocational Services program and the time the consumer returned.

5. **The consumer's response to the service.** For example, the staff person documents that "the consumer is returning from breaks on time." Note that at a minimum, the consumer response must be documented in a monthly summary note, although a provider may choose to include the consumer response more frequently, e.g. daily.
6. **The date the service was provided.**
7. **The primary service location,** e.g., "Maple Avenue Prevocational Services" or "without walls," if services are provided at changing locations in the community and there is no primary service location.
8. **Verification of service provision by the Prevocational Services 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.
9. **The signature and title of the Prevocational Services staff person documenting the service.**
10. **The date the service was documented.** Note that this date must be concurrent 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 at the same time each Prevocational Services 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 two face-to-face individualized services delivered by Prevocational Services staff on each day the provider bills a Full Unit of Prevocational Services. At least one face-to-face individualized service delivered by Prevocational Services staff must be documented on each day the provider bills a Half Unit of Prevocational Services. Since the daily note does not include the consumer's response to the service, a monthly summary note is required. This monthly note must summarize the implementation of the individual's Prevocational Services Plan, address the consumer's response to the services provided and any issues or concerns; **OR**

2. On each day the provider bills a Full Unit of Prevocational Services, a daily service note describing at least two face-to-face individualized services delivered by Prevocational Services staff and the consumer's response to the service. On each day the provider bills a Half Unit of Prevocational Services, a daily service note describing at least one face-to-face individualized service delivered by Prevocational Services 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 Prevocational Services Plan and address any issues or concerns.

Checklist / Chart Format

For each day service is delivered, a provider may elect to document the required face-to-face individualized Prevocational Services delivered by Prevocational Services staff 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 Prevocational Services 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 the required minimum number of face-to-face individualized services provided by Prevocational Services staff each day the provider bills Prevocational Services.

Other Documentation Requirements:

In addition to the service note(s) supporting Prevocational Services billing claims, 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 should identify the category of waiver service as "Prevocational Services." The ISP, which is the "authorization" for waiver services, must also identify your agency as the provider of the service. Further, the ISP must specify an effective date for Prevocational Services that is on or before the first date of service for which your agency bills Prevocational Services for the consumer. The ISPs should identify the frequency for Prevocational Services as "a *day*".
- ✓ The **Prevocational Services Plan** developed by your agency that conforms to the Habilitation Plan requirements found in ADM 2003 -03. The Prevocational Services Plan must "cover" the time period of the Prevocational Services claim. Note that the consumer's Prevocational Services Plan is attached to his/her ISP.

Documentation Retention:

All documentation specified above, including the ISP, Prevocational Services 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.

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Service Documentation Requirements for Prevocational Services
January 1, 2006

Fiscal Audit:

In a fiscal audit a Prevocational Services claim for a sampled consumer will be selected and the auditor will typically ask for the ISP and Prevocational Services Plan in effect for the claim date. The auditor will also require, for the claim dates, the service documentation specified above.

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
Kathy Broderick
Michele Gatens
Carol Metevia
Kevin O'Dell
David Picker