

## **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.

## **Appendix B: Service Documentation Requirements for Blended Day Habilitation and Prevocational Services (Blended DP)**

### **Purpose**

This Appendix describes the documentation requirements for Blended Day Habilitation and Prevocational Services (Blended DP) within Options for People Through Services (OPTS) Pilots. The service documentation requirements set forth in this Appendix supersede service documentation requirements addressed in the Key to Individualized Services, OMRDD's Policy Manual. Quality service standards remain the same. The requirements for habilitation plans described in Administrative Memorandum 2003-03 also remain in effect. A copy of Administrative Memorandum 2003-03 is attached to this Appendix.

### **Background**

To address a need to provide services that, on any given day, transition seamlessly between some combination of Day Habilitation and Prevocational Services, OMRDD and the contracting agency have entered into an agreement for the delivery of Blended Day Habilitation and Prevocational Services. The documentation requirements described herein are designed to meet the requirements set forth by the Centers for Medicare and Medicaid Services (CMS). CMS allows states to provide "blended" HCBS services, with the stipulation that all reporting to CMS continue to separately identify the distinct service components.

In practical terms, this means that OMRDD can allow blended services provision within OPTS, but we must know the breakdown between Day Habilitation and Prevocational Services. That is, on any given day we must know whether Day Habilitation and Prevocational Services were provided, or one or the other service was provided.

### **Consumer Enrollment and Service Definition for OPTS Blended DP**

We will use the term "Blended DP" to refer to OPTS services which combine Day Habilitation and Prevocational Services. OPTS Blended DP is provided on Monday through Friday, with a scheduled start time prior to 3:00 p.m. Services delivered at a different time are not described in this Appendix.

Each consumer who receives OPTS Blended DP will be enrolled in the appropriate TABS program. At the time of enrollment, the OPTS provider must inform OMRDD whether the consumer is/is not eligible for HCBS-funded Prevocational Services. (To be eligible for HCBS Waiver Prevocational Services the consumer must have demonstrated, relative to prevocational tasks, an earning capacity of less than 50% of the federal minimum wage or the prevailing wage, whichever is higher.) This information must be updated if the person's eligibility for HCBS-funded Prevocational Services changes.

Each enrolled consumer will have one Habilitation Plan for the OPTS Blended DP with separate sections clearly delineating the supports and services associated with Day Habilitation and those associated with Prevocational Services. There is one “checklist” form that Direct care staff will use to document all Blended DP services. Space is provided on the checklist to identify services as either “Day Habilitation” (“D” services) or “Prevocational Services” (“P” services).

The OPTS provider will have one price which is used to reimburse the Blended DP services. The price will be based on a single “blended” budget that reflects the costs of providing the Blended DP services. Payment for Blended DP will be issued for a “Full Unit” or a “Half Unit” of service. In order to receive payment for a Full Unit of OPTS Blended DP, the program day duration must be at least four hours and staff must deliver and document at least two OPTS Blended DP services during the program day. Payment for a Half Unit of OPTS Blended DP requires a program day duration of at least two hours, and staff must deliver and document at least one OPTS Blended DP service during the program day.

### **Determining the “Program Day” Duration**

The “program day” duration for OPTS Blended DP service is the length of time the consumer is attending services on a given day. Time spent in the following activities may not be counted toward the minimum “billable service time” requirement for either a Full or Half Unit of Blended DP:

- Mealtime
- The time the consumer spends being transported to the first Blended DP activity of the day and the time spent being transported home or to the next activity after the conclusion of Blended DP services.
- Time the consumer spends at a separate service and the time being transported to and from the separate service (e.g., a clinic service) cannot be counted as part of the Blended DP program day. Where a person receives another Medicaid service during his or her OPTS Blended DP program day, the Blended DP provider must document the time the person leaves the Blended DP program to receive the other Medicaid service, and the time the person returns to the Blended DP program.

Time the consumer spends with his/her MSC Service Coordinator can be counted toward the program day as long as the visit occurs at the Blended DP service location. Also, the consumer’s time at the ISP review conducted by the MSC Service Coordinator may count toward the program day duration as long as the Blended DP staff accompany the consumer to the meeting.

## Format for Documenting OPTS Blended DP

OPTS providers must use the OMRDD-developed checklist to document the provision of Blended DP. A copy of the checklist is included with this Appendix. While professional program staff may prepare the checklist by drawing individualized services and staff actions from the individual's OPTS Day Habilitation/Prevocational Services Habilitation Plan, staff who actually deliver the services must initial the checklist. By initialing the checklist, the staff who deliver the service are documenting the provision of OPTS Blended DP. That is, they are attesting to the fact that a face-to-face OPTS Blended DP service was delivered. Each service/staff action is identified as either Day Habilitation ("D" designation) or a Prevocational Service ("P" designation).

In addition to the checklist, there are other documents that support your agency's payment for OPTS Blended DP. See the section titled "Required Documentation" for further information (page 4).

## Reporting Blended DP Services

The Blended DP payment will be issued automatically to the provider based on service information the provider submits to OMRDD via the OPTS Services Recording Application.

Payment for a **Full Unit of Blended DP** will be issued when the provider:

- Provides and documents a minimum of **two services** delivered during the program day, (i.e., the Blended DP Checklist has two staff actions initialed on a given date of service). These services can be any combination of Day Habilitation ("D" services on the checklist) and/or Prevocational Services ("P" services on the checklist), and
- The consumer participates in Blended DP for at least **four hours when Blended DP staff are present** and the provider documents that the four hour minimum duration was met. (Note that travel time to and from the consumer's home, time at another service, travel time to and from that service, and mealtime do not count toward the minimum four-hour duration.)

Payment for a **Half Unit of Blended DP** will be issued when the provider:

- Provides and documents a minimum of **one service** delivered during the program day (i.e., the Blended DP Checklist has one staff action initialed on a given date of service). The service may be either Day Habilitation ("D" service on the checklist) or Prevocational Services ("P" service on the checklist), and
- The consumer participates in Blended DP for at least **two hours when Blended DP staff are present** and the provider documents that the two hour minimum

duration was met. Travel time to and from the consumer's home, time at another service, travel time to and from that service, and mealtime do not count toward the two-hour minimum duration.

### Required Documentation

The OPTS agency must maintain the following documentation to support the provision of OPTS Blended DP services:

- The **OPTS Day Habilitation/Prevocational Services Documentation Record** (also known as a "checklist") showing:
  - Contemporaneous documentation of face-to-face OPTS Blended DP services that staff provide during the "program day."
  - A contemporaneous record of the "program day" duration.
- A record of the consumer's response to the OPTS Blended DP service described in a monthly summary note. The monthly summary note must discuss the consumer's response to services, summarize the implementation of the person's OPTS Day Habilitation/Prevocational Services Habilitation Plan and discuss any issues or concerns. A copy of the summary note format is included with this Appendix.
- A copy of the consumer's 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. In the September 2004 ISP form there is a separate "block" for each service identified in the "HCB Waiver Service Summary" section. Each "block" includes the following fields: *Name of Provider*, *Type of Waiver Service*, *Frequency*, *Duration*, *Effective Date*, and *Person's Valued Outcome or Reason for Receiving the Service*. For OPTS Blended DP, two "blocks" must be completed as follows:
  - For the **Day Habilitation** component of OPTS Blended DP, the "block" in the "HCB Waiver Service Summary" section should be completed as follows:

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| <p><b>Name of Provider:</b> <u>Your Agency's Name Here</u></p> <p><b>Type of Waiver Service:</b> <u>OPTS/Day Habilitation</u></p> <p><b>Frequency:</b> <u>Day</u> <b>Duration:</b> <u>Ongoing</u> <b>Effective Date:</b> <u>No later than the 1<sup>st</sup> day of service delivery.</u></p> <p><b>Person's Valued Outcome or Reason for Receiving the Service:</b><br/><u>Is drawn from the list of valued outcomes identified in section 1 of the ISP</u></p> <p>_____</p> <p>_____</p> |
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- For the **Prevocational Services** component of OPTS Blended DP, the “block” in the “HCB Waiver Service Summary” section should be completed as follows:

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| <b>Name of Provider:</b> <u>Your Agency's Name Here</u>  |
| <b>Type of Waiver Service:</b> <u>OPTS/Prevocational Services</u>  |
| <b>Frequency:</b> <u>Day</u> <b>Duration:</b> <u>Ongoing</u> <b>Effective Date:</b> <u>No later than the 1<sup>st</sup> day of service delivery.</u>       |
| <b>Person's Valued Outcome or Reason for Receiving the Service:</b><br><u>Is drawn from the list of valued outcomes identified in section 1 of the ISP</u> |
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|  |

It is the responsibility of the OPTS Blended DP provider to ensure that all of the above information is included in the consumer's ISP.

- The **OPTS Day Habilitation/Prevocational Services Habilitation Plan** covering the time period of the reported services. The Habilitation Plan is titled, “OPTS Day Habilitation/Prevocational Services Habilitation Plan” and is attached to the person's ISP. The OPTS Day Habilitation/Prevocational Services Habilitation Plan has two separate sections, one describing the supports and services associated with Day Habilitation and a separate section for Prevocational Services. In some cases, a single support/service may be delivered when the consumer is participating in both Day Habilitation and Prevocational Services. For example, the support/service “staff will praise Kate when she does not tease her peers for two consecutive hours at a time,” could be provided as part of both Day Habilitation and Prevocational Services. In this case, the service/staff action should be identified in both the “Day Habilitation” and “Prevocational Services” sections of the Habilitation Plan. A copy of the Administrative Memorandum describing the requirements for Habilitation Plans is included as part of this Appendix.

### Documentation Retention

All documentation specified above must be kept the balance of the calendar year in which they were made and for six (6) additional years thereafter. See Appendix A for additional requirements regarding record retention.