

## **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 OPTS Prevocational Services**

### **Purpose**

This Appendix describes the documentation requirements for Prevocational Services within Options for People Through Services (OPTS) pilots. The service documentation requirements set forth in this Appendix are based on the service documentation requirements described in the Administrative Memorandum 2003-05, but include specific requirements for services delivered through OPTS.

Quality service standards for OPTS Prevocational Services continue to be described in The Key to Individualized Services, OMRDD's Policy Manual. The requirements for Habilitation Plans described in Administrative Memorandum 2003-03 also remain in effect.

### **Service Definition for OPTS Prevocational Services**

OPTS Prevocational Services are services that are aimed at preparing an individual for paid employment, but which are not job task oriented. To qualify for prevocational services:

- a. Services must include activities which are not primarily directed at teaching specific job skills but at underlying habilitative goals.
- b. The services must be an essential component of the individual's Individualized Service Plan (ISP), which is directed to habilitative rather than explicit employment objectives.

Each consumer who receives OPTS Prevocational Services 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.

The unit of service for Prevocational Services is a "Full Unit" or a "Half Unit" billed for each day of service. There are two requirements for reporting and receiving payment for OPTS Prevocational Services. The OPTS provider must document:

- **The provision of services/staff actions**, which are drawn from the consumer's OPTS Prevocational Services Plan that conforms to Habilitation Plan requirements, and

- **The duration of time** the consumer is at Prevocational Services (i.e., the “program day” duration).

In order to receive payment for a Full Unit of OPTS Prevocational Services, the program day duration must be at least four hours and Prevocational Services staff must deliver and document at least two services. Payment for a Half Unit of OPTS Prevocational Services requires a program day duration of at least two hours, and the delivery of at least one documented OPTS Prevocational Service.

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

The “program day” duration for Prevocational Services is the length of time that the consumer is attending Prevocational Services on a given day. The time spent at lunch may not be counted toward the minimum “billable service time” requirement for either a Full or Half Unit of Prevocational Services.

The time the consumer spends being transported to Prevocational Services at the start of the “program day” cannot be “counted” toward the “program day” duration. Similarly, the time spent being transported at the end of the program day cannot be “counted” as part of the program day.

Time spent at another Medicaid service (e.g., a clinic service) and the time being transported to and from the service cannot be counted as part of the Prevocational Services program day. When a person receives another Medicaid service during his or her OPTS Prevocational Services program day, the Prevocational Services provider must document the time the person leaves Prevocational Services to receive the other Medicaid service, and the time the person returns to Prevocational Services.

### **Format for Documenting OPTS Prevocational Services**

OPTS providers must use the OMRDD-developed checklist to document the provision of Prevocational Services. A copy of this 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 Prevocational Services 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 Prevocational Services. That is, they are attesting to the fact that a face-to-face Prevocational Service was delivered.

In addition to the checklist, there are other documents that support your agency’s payment for OPTS Prevocational Services. See the section titled “Required Documentation” for further information (page 3).

## Reporting OPTS Prevocational Services

The Prevocational Services payment will be issued automatically to the provider based on service information the provider submits to OMRDD via a secure web application.

Payment for a **Full Unit of Prevocational Services** will be issued when the provider:

- Provides and documents a minimum of **two services** (i.e., the Prevocational Services Checklist has two staff actions initialed on a given date of service), **and**
- The consumer participates in Prevocational Services for at least **four hours** 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 Medicaid service, time traveling to and from the other service, as well as time at lunch do not count toward the minimum four-hour duration.)

Payment for a **Half Unit of Prevocational Services** will be issued when the provider:

- Provides and documents a minimum of **one service** (i.e., the Prevocational Services Checklist has one staff action initialed on a given date of service), **and**
- The consumer participates in Prevocational Services for at least **two hours** and the provider documents that the two-hour minimum duration was met. Travel time to and from the consumer's home, time at another Medicaid service, time traveling to and from the other service, and time at lunch do not count toward the two-hour minimum duration.

## Required Documentation

The OPTS agency must maintain the following documentation to support payment for OPTS Prevocational Services:

- **The OPTS Prevocational Services checklist showing:**
  - Contemporaneous Documentation of face-to-face OPTS Prevocational Services that staff provided during the "program day."
  - A contemporaneous record of the "program day" duration.

- **A record of the consumer's response to the Prevocational Services described in a summary note.** The summary note must discuss the consumer's response to the Prevocational Service, summarize the implementation of the person's OPTS Prevocational Services 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 Coordination (MSC) or Plan of Care Support Services (PCSS) coordinator. The OPTS Prevocational Services must be identified in the "HCB Service Summary" section of the ISP and the required information must be completed as follows:

<b>Name of Provider:</b> _____	<i>Your Agency's Name Here</i>	
<b>Type of Medicaid Service:</b> _____	<i>OPTS/Prevocational Services</i>	
<b>Frequency:</b> <i>Day</i>	<b>Duration:</b> <i>Ongoing</i>	<b>Effective Date:</b> <i>No later than the 1<sup>st</sup> day of service delivery.</i>
<b>Person's Valued Outcome or Reason for Receiving the Service:</b>		
_____		
_____		
_____		

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

- The **OPTS Prevocational Services Plan** covering the time period of the reported services. The Habilitation Plan should be entitled, "OPTS Prevocational Services Plan," and is attached to the ISP. 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.