

OPWDD Guidance Documents with Payment Standards

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Appendix B: Service Documentation Requirements for OPTS Supplemental Group Day Habilitation

Purpose

This Appendix describes the documentation requirements for Supplemental Group Day Habilitation services within Options for People Through Services (OPTS) pilots. The service documentation requirements set forth in this Appendix are based on the fiscal audit service documentation requirements described in the Administrative Memorandum 2006-01, but include specific requirements for services delivered through OPTS.

Quality service standards for OPTS Supplemental Group Day Habilitation continue to be described in 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 Supplemental Group Day Habilitation

OPTS Supplemental Group Day Habilitation is a day service/program that is typically provided to two or more enrolled consumers, which is provided on weekday evenings or anytime on Saturdays or Sundays. For weekday services, a program is considered "Supplemental Group Day Habilitation" if the program start time is 3 p.m. or later. Services delivered at other times do not qualify as Supplemental Group Day Habilitation and therefore are not described in this document.

OPTS payment for Supplemental Group Day Habilitation services is allowable for consumers who live at home, in family care homes or in Supportive IRAs or Supportive Community Residences (CRs). Consumers residing in Supervised CRs or Supervised IRAs may participate in this service, though the service may not be reimbursed under this contract. Rather, the consumer's Supervised IRA or Supervised CR provider must contract for OPTS Supplemental Group Day Habilitation services using its residential funding.

The unit of service for Supplemental Group Day Habilitation 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 Supplemental Group Day Habilitation services. The OPTS provider must document:

- **The provision of services/staff actions**, which are drawn from the consumer's OPTS Supplemental Group Day Habilitation Plan, and
- **The duration of time** the consumer is at the Supplemental Group Day Habilitation service/program (i.e., the "program day" duration). For Supplemental Group Day Habilitation, the time the person starts the

program and the end of his or her program day (aka time in/time out) must be documented.

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

Determining the “Program Day” Duration

The “program day” duration for Supplemental Group Day Habilitation services is the length of time that the consumer is attending Supplemental Group Day Habilitation 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 Supplemental Group Day Habilitation:

- Mealtime
- The time the consumer spends being transported to the first Supplemental Group Day Habilitation activity of the day and the time spent being transported home or to the next activity after the conclusion of Supplemental Group Day Habilitation 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 Supplemental Group Day Habilitation program day. Where a person receives another Medicaid service during his or her OPTS Supplemental Group Day Habilitation program day, the Supplemental Group Day Habilitation provider must document the time the person leaves Supplemental Group Day Habilitation to receive the other Medicaid service, and the time the person returns to Supplemental Group Day Habilitation.

Time the consumer spends with his/her MSC Service Coordinator can be counted toward the program day as long as the visit occurs at a Day Habilitation 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 Supplemental Group Day Habilitation staff accompany the consumer to the meeting.

Format for Documenting OPTS Supplemental Group Day Habilitation

OPTS providers must use the OMRDD-developed checklist to document the provision of Supplemental Group Day Habilitation 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 Supplemental Group Day 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 Supplemental Group Day Habilitation services. That is, they are attesting to the fact that a face-to-face Supplemental Group Day Habilitation service was delivered.

In addition to the checklist, there are other documents that support your agency's payment for OPTS Supplemental Group Day Habilitation. See the section titled "Required Documentation" for further information (page 3).

Reporting OPTS Supplemental Group Day Habilitation Services

The OPTS Supplemental Group Day Habilitation 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 Supplemental Group Day Habilitation Services** will be issued, when the provider:

- Provides and documents a minimum of **two services** delivered during the program day (i.e., the Supplemental Group Day Habilitation Checklist has two program day (or "P") staff actions initialed on a given date of service), and
- The consumer participates in Supplemental Group Day Habilitation service 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, as well as mealtime do not count toward the minimum four hour duration.)

Payment for a **Half Unit of Supplemental Group Day Habilitation** will be issued, when the provider:

- Provides and documents a minimum of **one service** delivered during the program day, (i.e., the Supplemental Group Day Habilitation Checklist has one program day (or "P") staff action initialed on a given date of service), and
- The consumer participates in Supplemental Group Day Habilitation 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 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 payment for OPTS Supplemental Group Day Habilitation services:

- **The OPTS Supplemental Group Day Habilitation checklist showing:**
 - Contemporaneous Documentation of face-to-face OPTS Supplemental Group Day Habilitation services that staff provided during the “program day.”
 - A contemporaneous record of the “program day” duration, with a notation of the consumer’s “time in/time out.”

- **A record of the consumer’s response to the OPTS Supplemental Group Day Habilitation services described in a monthly summary note.** The summary note must discuss the consumer’s response to the OPTS Supplemental Group Day Habilitation service, summarize the implementation of the person’s OPTS Supplemental Group Day 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 Coordination (MSC) or Plan of Care Support Services (PCSS) service coordinator. The OPTS Supplemental Group Day Habilitation service must be identified in the “HCB Service Summary” section of the ISP and the required information must be completed as follows:

Name of Provider: <u> Your Agency’s Name Here </u> .
Type of Medicaid Service: <u> OPTS/Supplemental Group Day Habilitation </u> .
Frequency: <u>Day</u> Duration: <u>Ongoing</u> Effective Date: <u>No later than the 1st day of service delivery.</u>
Person’s Valued Outcome or Reason for Receiving the Service: <u> Is drawn from the list of valued outcomes identified in section 1 of the ISP </u> .

It is the responsibility of the OPTS Supplemental Group Day Habilitation provider to ensure that all of the above information is included in the consumer’s ISP.

- **The OPTS Supplemental Group Day Habilitation Plan** covering the time period of the reported services. The Habilitation Plan should be entitled, “OPTS Supplemental Group Day Habilitation 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.