

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 Community Habilitation

Purpose

This Appendix describes the documentation requirements for Community Habilitation services within Options for People Through Services (OPTS) pilots. Prior to OPTS Community Habilitation, this service was known as OPTS At Home Residential Habilitation. The service documentation requirements set forth in this Appendix are based on the fiscal audit service documentation requirements in the Community Habilitation Administrative Memorandum, but include specific requirements for services delivered through OPTS.

Quality service standards continue to be addressed in the Key to Individualized Services, OPWDD's Policy Manual. The requirements for habilitation plans described in Administrative Memorandum 2003-03 also remain in effect.

Service Definition for OPTS Community Habilitation

Community Habilitation services are face-to-face habilitation services directed toward service delivery in non-certified settings. The unit of service for OPTS Community Habilitation is an hour of service with payment issued to your agency for each 15 minute time period. For each continuous service delivery period (or "session"), a minimum of one Community Habilitation service must be delivered and documented.

When determining the "billable service time," only face-to-face service delivery by Community Habilitation staff actively providing a habilitation service "counts." Staff can be "regular" payroll staff or paid contract staff. A full 15 minutes of service must be documented in order for your agency to be paid for a billing unit. There is no "rounding up," i.e. no payment will be issued if your agency only delivers 12 minutes of Community Habilitation service.

Determining Billable Service Time

Time spent at another Medicaid service cannot be counted toward Community Habilitation time except in the following instances:

- When the individual is concurrently receiving Hospice and Community Habilitation services.
- When the MSC Service Coordinator is conducting a face-to-face MSC visit with the individual as long as the Community Habilitation staff person is present.
- When the individual is receiving Personal Care/Home Health Aide Services and Community Habilitation services and where the OPTS Community

Habilitation Plan describes supports and services that are distinct and separate from the supports and services being provided by the Personal Care/Home Health Aide staff person.

- When the Community Habilitation staff person is with the individual at a medical appointment (with a physician, physician assistant, a psychiatrist, or a nurse practitioner), or a dental appointment. Transportation to and from the appointment may also be counted as long as the CH staff person accompanies the individual and Medicaid is not being charged for a “transportation attendant” for the trip.
- When the Community Habilitation staff person is with the individual at an appointment for certain non-medical clinical services, and staff are with the individual to facilitate implementation of therapeutic methods and treatments in the home. These non-medical clinical disciplines are occupational therapy, physical therapy, speech therapy, psychology, dietetics and nutrition, and social work. The need for the Community Habilitation staff person’s participation in the clinical service must be described in the individual’s OPTS Community Habilitation Plan. For each calendar year, reimbursement is available for Community Habilitation staff to participate in no more than 12 clinical appointments per clinical discipline per individual. Transportation to and from the appointment may also be counted as long as the CH staff person accompany the individual and Medicaid is not being charged for a “transportation attendant” for the trip.
- Day of admission and day of discharge to a hospital, nursing home, or rehabilitation facility if CH Services are delivered and documented prior to admission or after discharge.

Format for Documenting OPTS Community Habilitation

Your agency must use the OPWDD-developed checklist to document the provision of OPTS Community 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 actions from the individual’s OPTS Community Habilitation Plan, staff who actually deliver the services must initial the checklist. By initialing the checklist, the staff who deliver the services are documenting the provision of Community Habilitation services. That is, they are attesting to the fact that a face-to-face Community Habilitation service was delivered.

Staff must document the service start and stop time for each Community Habilitation “session” delivered during the day.

Reporting OPTS Community Habilitation Services

Payment for Community Habilitation services under OPTS will be issued to your agency based on service information that your agency submits to OPWDD via a secure web application. When reporting services via the OPTS Web Based Application, your agency will report the total countable duration of face-to-face Community Habilitation services provided to the individual during the day.

“Countable” duration is the length of time that OPTS Community Habilitation staff are with the individual providing services on a given day. Time spent with the individual may be “counted” when staff provide at least one service/staff action that is drawn from the individual’s OPTS Community Habilitation Plan during each “session.”

In cases where Community Habilitation services may not be provided during one continuous service period during the day, the agency adds together the duration of each countable “session” to report one total duration for the day. For example, an individual may receive Community Habilitation services for a one hour session in the morning (from 9:00 a.m. to 10:00 a.m.), and again for a two hour session in the afternoon (from 3:00 p.m. to 5:00 p.m.). In this case, your agency reports via the OPTS Web Based Application that a total of 3 hours of service was delivered on that day.

Required Documentation for Community Habilitation Services

Your agency must maintain the following documentation to support the provision of Community Habilitation services:

- **The Community Habilitation checklist showing:**
 - **A contemporaneous record of the “start and stop times” of the face-to-face provision of Community Habilitation services by staff.** For example, where the Community Habilitation provider reports via the OPTS Web Application that four hours of service were delivered, the OPTS checklist must show that the staff member provided four hours of service (e.g., service start time is 9:00 a.m. and service stop time is 1:00 p.m.).
 - **Contemporaneous documentation of at least one face-to-face Community Habilitation Service staff provided during each continuous service delivery period.** The Community Habilitation service must be drawn from the individual’s OPTS Community Habilitation Plan. For example, the Community Habilitation staff person assists the individual from 9:00 a.m. to 11:00 a.m. and initials the checklist documenting the provision of at least one service during this period. The worker must document at least one additional service when he/she returns at 2:00 p.m. and delivers an additional hour of service.

- **A summary note written at least once each month.** The summary note must discuss the individual's response to the Community Habilitation service, summarize the implementation of the individual's OPTS Community Habilitation Plan and discuss any issues or concerns. A copy of the summary note format is included with this Appendix.
- **A copy of the individual's ISP** covering the time period of the claim developed by the individual's Medicaid Service Coordination (MSC) or Plan of Care Support Services (PCSS) coordinator. The OPTS Community Habilitation service must be identified in the "HCB Waiver Service Summary" section of the ISP and the required information must be completed as follows:

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| <p>Name of Provider: <u> Your Agency's Name Here </u>.</p> <p>Type of Medicaid Service: <u> OPTS/Community Habilitation or OPTS/Community Hab </u>.</p> <p>Frequency: <u>Hour</u> Duration: <u>Ongoing</u> Effective Date: <u>No later than the 1st day of service delivery.</u></p> <p>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> _____ _____</p> |
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- **The OPTS Community Habilitation Plan** covering the time period of the reported services. The Community Habilitation Plan should be entitled, "OPTS Community 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.

Note that an individual's ISP and Habilitation Plan will need to reflect these changes no later than July 31, 2011.

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 or for a period of six years from the date services were billed, whichever is later. See Appendix A for additional requirements regarding record retention.