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Appendix B: Reimbursable Services and Service Documentation Requirements for Intensive Behavioral Services

Purpose

This Appendix describes the documentation and reporting requirements that a provider must complete in order to be reimbursed for Intensive Behavioral (IB) Services.

Background

18 NYCRR, Section 504.3 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 the Office of The Medicaid Inspector General and OMRDD.

Service Definition for Intensive Behavioral Services

Intensive Behavioral Services is a service available only to OMRDD HCBS waiver-enrolled individuals that provides agencies with time-limited funding for up to six months for behavioral supports and services. IB Services are for individuals who live in non-certified settings or Family Care Homes and who present with substantial challenging behaviors that put them at imminent risk of placement into a more restrictive living environment.

The IB Services Provider will be reimbursed a one-time Product Fee for the completion of the Functional Behavioral Assessment (FBA) and Behavior Management Plan (BMP). In addition, time spent implementing the BMP will be reimbursed with an hourly regional fee (hereafter referred to as the Hourly Fee), which is billed in quarter hour units.

Reimbursement Limitations

Individuals must be authorized by the DDSO for IB Services and be enrolled in the HCBS Waiver. Providers may only be reimbursed for IB Services that are provided to individuals residing in a non-certified setting or in a Family Care home. These individuals must have written documentation that substantiates that the individual is at imminent risk of placement in a more restrictive living environment.

Agencies may only be paid once for the one-time Product Fee for an individual. After five years, an agency may bill again for the Product Fee for an individual if that individual has been re-authorized for IB Services and it is clinically necessary and appropriate to complete a new FBA and BMP.

For the hourly regional fee, agencies may only be reimbursed up to 25 hours in a six month period.

If service needs extend beyond the six month time frame, which includes the time to complete the FBA and BMP and implement the BMP, an individual must first be reauthorized. Reauthorization is contingent on demonstration that there is a need for additional follow-up after the initial six months.

The hourly regional fee will be paid based on appropriately documented quarter hour countable service units. For each 15 minutes of service, the agency may bill one quarter-hour unit. There is no “rounding-up,” i.e. a full 15 minutes of service must be provided to bill one unit. An agency may only be paid a maximum of 8 hours in a day per individual for the Hourly Fee.

Reimbursable Services

The one-time Product Fee for the Functional Behavioral Assessment (FBA) and the Behavior Management Plan (BMP) covers the time that the clinician(s) spend developing the FBA and BMP. Services related to the completion of the FBA and BMP include:

- Reviewing records and evaluations regarding the individual’s challenging behaviors;
- Conducting relevant assessments and collecting data pertinent to the challenging behaviors;
- Communicating with other professionals or service providers including review of written reports, telephone contacts, or electronic contacts about the individual;
- Communicating with the individual, the family, or others through written reports, telephone contacts, electronic contacts or face-to-face encounters; and
- Writing the FBA and BMP.

Following the completion of the FBA and BMP, agencies may be reimbursed for the **Hourly Fee** when staff are providing the following services to the individual:

- Training of the primary caregiver(s) and/or direct support professionals who provide services in the home, about how to use the behavioral supports, interventions and strategies that are specified in the BMP;
- Training the individual on using the behavioral supports, interventions and strategies that are specified in the BMP;
- **Monitoring the implementation of the BMP**, such as:
 - observing the individual, family and/or staff as they utilize the supports, interventions and strategies that are specified in the BMP, and/or
 - following up with the individual, family and/or staff as to the effectiveness of the supports, interventions and strategies (via face-to-face contacts, telephone calls, or electronic contacts);
- Updating the BMP after monitoring to remove supports, strategies and interventions that are not effective, and/or to include new supports, strategies and interventions; and
- Transition planning with the individual, family, collaterals, and other agencies to refer the individual to appropriate services to maintain on a long term basis the behavior strategies specified in the BMP.

If an individual is receiving services through a clinic these services must be separate and distinct from the IB Services being delivered.

For the Hourly Fee, time that the individual is at another service cannot count toward the billing time for the Intensive Behavioral Hourly Fee with the following two exceptions:

- Time when the individual is receiving At Home Residential Habilitation (or Community Habilitation) in a non-certified setting for purposes of training At Home Residential Habilitation (or Community Habilitation) staff and monitoring the BMP implementation; and
- Time when the MSC Service Coordinator is conducting the face-to-face MSC visit with the individual as long as the IB Services staff person is present. This is allowed in order to promote the coordination of services.

Reporting Intensive Behavioral Services

Intensive Behavioral Services payment for the Product Fee will be issued when the provider sends a completed Product Fee Verification Form in the format OMRDD prescribes to OMRDD that attests that the FBA and BMP were completed for an individual.

Payment for the Hourly Fee will be issued when the provider delivers and documents services(s) described in the “Reimbursable Services” section for each continuous period of IB Services provision. Countable service time is the time that “counts” toward billing. This includes direct, face-to-face service time and other indirect time when IB Services staff are delivering the IB Service but the individual is not present. Staff do not need to perform a face-to-face service during every service delivery, but must provide one of the services as described in the “Reimbursable Services” section and appropriately document the service delivery.

The provider is not eligible for reimbursement of the Hourly Fee until the FBA and BMP are completed and the Product Fee Verification Form has been submitted to OMRDD. The provider submits service information to OMRDD for the Hourly Fee via the web-based Services Recording Application.

Formats for Documenting Intensive Behavioral Services

For the Product Fee, staff must have a completed Functional Behavior Assessment (FBA) and Behavioral Management Plan (BMP) which should include the criteria described in Appendix F (*Qualitative Guidance on Intensive Behavioral Services*).

For the Hourly Fee, staff must complete a narrative note for each day of service.

Service Documentation Requirements

ISP Requirements

Individual’s must have an **ISP**, developed by the individual’s Medicaid Service Coordination or Plan of Care Support Services (PCSS) service coordinator, that covers the time period of the payment claim for the Product Fee and Hourly Fee. The ISP must include the following elements:

1. Category of waiver service provided (e.g. Intensive Behavioral Services or IB Services).
2. Identification of the agency delivering the IB Service as the provider of service.

3. Specification of the frequency of Intensive Behavioral as “Product/ Hourly.”
4. Specification of the duration as “time limited.”
5. Effective date for Intensive Behavioral Services (the date the individual was enrolled in Intensive Behavioral Services). This date must be on or before the first date of service that the Intensive Behavioral agency reports completion of the FBA and BMP if it is an initial IB Services authorization or before reporting services related to the implementation of the BMP if IB Services have been reauthorized.

The following documentation must be maintained to support payment of the Product Fee:

Functional Behavioral Assessment Requirements

For all people receiving IB Services, an agency must complete a **Functional Behavioral Assessment** developed by the IB Services Agency. The following elements must also be included in the FBA:

1. **The individual’s name.**
2. **The individual’s Medicaid Identification Number (CIN).**
3. **The category of waiver service** provided (e.g. Intensive Behavioral Services or IB Services).
4. **Identification of the agency** providing the Intensive Behavioral Service as the provider of the service.
5. **Date on which the Assessment was completed.**
6. **Signature and title of the Intensive Behavioral staff person completing the Functional Behavioral Assessment and the date the Assessment was written** (i.e. signature date).

Behavior Management Plan Requirements

For all people receiving IB Services, an agency must complete and maintain the **Behavior Management Plan** developed by the agency delivering IB Services. In addition, the plan must be in effect for the time period of any IB Services claim submitted. The following elements must be included in the BMP:

1. **The individual’s name.**
2. **The individual’s Medicaid Client Identification Number (CIN).**
3. **The category of waiver service** provided (e.g. Intensive Behavioral Services or IB Services).
4. **Identification of the agency** providing the Intensive Behavioral Service as the provider of the service.
5. **Valued Outcomes** of the individual receiving services. The valued outcomes are derived from the ISP.
6. **Name, Signature and title of the Intensive Behavioral staff person writing the Behavior Management Plan and the date the plan was written** (i.e. the signature date).
7. **Evidence of when the BMP was last reviewed**, if necessary. Although this service is typically time-limited to six months, if an individual is reauthorized to receive another six months of IB Services, the required six month review of the BMP must be completed. Also, if the individual is reauthorized at a later date for IB Services, a review of the BMP must be completed. Evidence that a review was conducted includes the name, signature

and title of the Intensive Behavioral staff who conducted the review and the date of the review and any changes in the BMP.

The following documentation must be maintained to support payment(s) of the Hourly Fee:

Verification that the BMP was completed (e.g. a copy of the Behavior Management Plan or the Product Fee Verification Form)

Narrative Note Requirements

For each day where hourly IB Services are billed the documentation must include:

1. **Individual's name.**
2. **Identification of category of waiver service provided** (e.g. Intensive Behavioral Services or IB Services).
3. **A daily description of all of the services provided for the day.** The allowable services are described in the "Reimbursable Services" section described above. These services are individualized services based on the individual's Behavior Management Plan, e.g., the staff person documents that he/she "taught the individual to use a relaxation technique."
4. **Documentation of start and stop times for each "session."** The provider must document the service start time and service stop time for each continuous period of Intensive Behavioral service provision or "session."
5. **The individual's response to the service.** For example, the staff person documents that "the individual was able to use the relaxation technique twice." Note: The response to service does not have to be recorded for every service session as long as the individual response is summarized at least monthly on one of the narrative notes.
6. **The date the service was provided.**
7. **The primary service location** (i.e. the individual's residence).
8. **The name, signature and title of the Intensive Behavioral staff person documenting the service.**
9. **The date the service was documented.** Note that this date must be contemporaneous with service provision. The date the note was written must be "contemporaneous" to the date the IB Service was provided. "Contemporaneous" is defined as "at the time the service was delivered or shortly after."

Documentation Retention

All documentation that supports a Medicaid claim, including the ISP and the Behavior Management Plan, must be retained for a period of six years from the contract expiration date or from date of the service billing, whichever is later. Diagnostic information and other clinical records are generally maintained for a longer period of time and are not the subject of this document.