

Appendix B: Service Documentation Requirements for Enhanced Supported Employment Pilots

Purpose

This Appendix describes the documentation requirements for Enhanced Supported Employment services within Enhanced Supported Employment Pilots. The service documentation requirements set forth in this Appendix are based on the fiscal audit service documentation requirements addressed in Administrative Memorandum 2007-01(Supported Employment Service Delivery and Documentation Requirements), but include additional specific requirements for services delivered through Enhanced Supported Employment Pilots.

Quality service standards for Enhanced Supported Employment Pilots continue to be described 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. Agencies are expected to provide all services and supports needed to assist the person in the Enhanced Supported Employment Pilot to find and maintain employment. The provisions described in this document are the minimum billing standards to support payment for service.

Service Definition for Enhanced Supported Employment Pilots

The unit of service for Enhanced Supported Employment Pilots is a month. There are three different documentation requirements for Enhanced Supported Employment Pilots provided to individuals who are employed, individuals who are not employed, and individuals who are partially employed during the month. For a given month, an individual is considered employed if he or she is competitively employed in a community setting for at least eight days during the month. Individuals served through the pilot are expected to work a **minimum of 8 hours/week**. It is assumed that individuals served through the pilot will not work one 8 hour shift/week to meet this requirement.

In order to be paid for a unit of Enhanced Supported Employment provided to **an individual employed for the full calendar month, the agency must document the provision of at least eight face-to-face services/staff actions that are provided to the person at the job site on separate days during the month.** These services/staff actions must be derived from the individual's Enhanced Supported Employment Plan.

In order to be paid for a unit of Enhanced Supported Employment provided to **an individual who is not employed at any time during the month, the agency must document the provision of at least eight services/staff actions which have been provided during the month on separate days. At least four of these services must be face-to-face services.** These services/staff actions must be derived from the individual's Enhanced Supported Employment Plan.

In order to be paid for a unit of Enhanced Supported Employment provided to **an individual who is partially employed during the month (that is, employed for less than the full calendar month), the agency must document the provision of at least eight**

face-to-face services/staff actions that are provided at the job site on separate days during the month OR at least eight services/staff actions provided during the month on separate days, at least four of which must be face-to-face services but do not need to be at the job site. These services/staff actions must be derived from the individual's Enhanced Supported Employment Plan.

NOTE: Job placement is expected within 90 days of the initiation of the individual's participation in the Pilot. Individuals may receive funding for up to 90 days of job development services through the duration of their participation in this pilot. This 90 day limit applies to those individuals who have secured employment through the pilot and subsequently lose or wish to change their jobs. If the placement outcome is not met within 90 days, the provider may request an additional 90 days of enhanced supported employment funding for the person. Funding extensions are not automatic, the DDSO will decide such requests on an individual basis. The DDSO may grant only one funding request for an additional 90 days per person.

The format for requesting a one time extension is attached.

Format for Documenting Enhanced Supported Employment Services

The agency will use the OMRDD-developed Enhanced Supported Employment Documentation Record (also known as the "checklist") format for documenting the provision of Enhanced Supported Employment services. A copy of the checklist is included with this Appendix. In addition to the checklist, there are other documents that are required to support the agency's request for payment for Enhanced Supported Employment services. Please see the section entitled "Instructions for Service Documentation" for further information (page 3).

Instructions for Billing

- **Enrollment in Enhanced Supported Employment Services in the Tracking and Billing System (TABS)**

In order for the agency to be eligible for the payment for Enhanced Supported Employment Pilot services, VESID will have determined that the participation in the Enhanced Supported Employment Pilot Project is the most appropriate service for each of the individuals for whom services are being billed. Individuals can be enrolled in the agency's Enhanced Supported Employment Pilot program in TABS only if this requirement is met.

- **Reporting Enhanced Supported Employment Services**

The Enhanced Supported Employment payment will be issued automatically to the provider based on the service information that the provider submits to OMRDD

via a secure web application. For each month, the agency must answer two questions for each individual enrolled in Enhanced Supported Employment Pilots.

- **Individual Employed?**
The agency enters “Y” (for yes) if the individual is employed for at least eight days during the month. If that condition is not met, the agency enters “N” (for no).
- **Required Services Delivered?**
The agency enters “Y” (for yes) if at least eight face-to-face Enhanced Supported Employment Pilot services are delivered on separate days during the month at the individual’s work site. The agency also enters “Y” if at least eight Enhanced Supported Employment Pilot services were delivered on separate days during the month to an individual who was not employed or was partially employed, and at least four of these services were face-to-face.

Instructions for Service Documentation

The agency must maintain the following documentation to support payment for Enhanced Supported Employment services:

- 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 Enhanced Supported Employment service must be identified in the “HCB Service Summary” section of the ISP as **Supported Employment** and the required information must be completed as follows:

| |
|---|
| <p>Name of Provider: <u>Agency’s Name Here</u></p> <p>Type of Medicaid Service: <u>Supported Employment</u></p> <p>Frequency: <u>Month</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 derived from the list of valued outcomes identified in section 1 of the ISP</u></p> <p>_____</p> |
|---|

- The **Enhanced Supported Employment Plan** covering the time period of the reported services. This Plan should be entitled, “**Enhanced Supported Employment Plan**,” and is attached to the ISP. A copy of the Administrative Memorandum (ADM 2003-03, as pages 1 through 6 without an alphabetical prefix) describing the requirements for Habilitation Plans is included as part of this Appendix. In addition to the general Habilitation Plan requirements described in ADM 2003-03, the following additional requirements must be included in an Enhanced Supported Employment Plan:
 - Statement that each person selected for participation in the Enhanced Supported Employment Pilot Project has been reviewed by VESID as part of the Pilot review and selection process. The Plan will also state that VESID agrees that the Enhanced Supported Employment Pilot Project is the most appropriate service for the person at the current time.
 - Range of service frequency (e.g., for an employed individual Enhanced Supported Employment staff will provide between 8 and 16 services during the month.)
 - Locations where the service will be provided (for example, at the job site or at the supported employment office).

- The **Enhanced Supported Employment Documentation Record (also known as a “checklist”)** which demonstrates:
 - The contemporaneous documentation of face-to-face Enhanced Supported Employment services that are provided by staff.
 - A contemporaneous record of the service duration.

- **A record of the individual’s response to the Enhanced Supported Employment Plan described in a monthly summary note.** This summary note must summarize the implementation of the person’s Enhanced Supported Employment Plan, discuss the individual’s response to services, and discuss any issues or concerns about the plan or the person. A copy of the monthly summary note format is included with 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.

**Directions for Completing the Enhanced Supported Employment
Documentation Record – Individual Summary**

| Preparing the “Checklist” for Service Staff | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|-----|-------------------------------------|-----|--------------------------------|-----|--------------|-----|----------------------------------|-----|-----------------|-----|---------------------------------------|-----|---------------------------|-----|---------------------|-----|----------------|
| Agency: | Agency name identified on the Agency’s Enhanced Supported Employment Agreement. | | | | | | | | | | | | | | | | | | | | |
| Month/Year of Service: | Calendar month/year of service provision. | | | | | | | | | | | | | | | | | | | | |
| Individual’s Name: | “First Name Last Name” of person receiving Enhanced Supported Employment. | | | | | | | | | | | | | | | | | | | | |
| TABS ID: | Numeric code which Identifies the person in TABS (contact DDSO if not known). | | | | | | | | | | | | | | | | | | | | |
| Medicaid #: | The individual’s Medicaid number or CIN (an 8-digit number in the following format, AA12345A). | | | | | | | | | | | | | | | | | | | | |
| Prgm Code: | 8-digit number identifying the Enhanced Supported Employment program in TABS (contact DDSO if not known). | | | | | | | | | | | | | | | | | | | | |
| Enhanced Supported Employment Contract #: | Contact the agency’s finance office if the Contract # for the Enhanced Supported Employment Agreement is not known. | | | | | | | | | | | | | | | | | | | | |
| Face to Face: | Circle “Y” if the service/staff action is provided face to face to the person and circle “N” if the service/staff action is not delivered face to face to person (for example, over the telephone). | | | | | | | | | | | | | | | | | | | | |
| Job Site: | Circle “Y” if the service/staff action is provided at the participant’s job site and circle “N” if the service is provided at a different location, such as at the supported employment office. (If the same service is delivered at a participant’s job site AND at a different location, please list the service twice and circle “Y” when the service is delivered at the work site or “N” when the service is provided at another location). | | | | | | | | | | | | | | | | | | | | |
| Description of the Individualized Staff Service/Action Provided: | A brief description of services/staff actions that are derived from the individual’s “Enhanced Supported Employment Plan.” | | | | | | | | | | | | | | | | | | | | |
| Service Code: | The appropriate Service Code for the services/staff actions is entered into this box. Use the key below to match the description of the services/staff actions derived from the individual’s “Enhanced Supported Employment Plan” to the service categories provided. | | | | | | | | | | | | | | | | | | | | |
| *See APP.B-7 for Definitions | <table border="1"> <thead> <tr> <th>Service Code</th> <th>Enhanced Supported Employment Service Categories*</th> </tr> </thead> <tbody> <tr> <td>PCP</td> <td>Person centered vocational planning</td> </tr> <tr> <td>JDV</td> <td>Individualized job development</td> </tr> <tr> <td>JCO</td> <td>Job coaching</td> </tr> <tr> <td>TAS</td> <td>Transportation and/or assistance</td> </tr> <tr> <td>TRV</td> <td>Travel training</td> </tr> <tr> <td>BEH</td> <td>Behavioral interventions and supports</td> </tr> <tr> <td>MED</td> <td>Medication Administration</td> </tr> <tr> <td>PAS</td> <td>Personal assistance</td> </tr> <tr> <td>OTH</td> <td>Other supports</td> </tr> </tbody> </table> | Service Code | Enhanced Supported Employment Service Categories* | PCP | Person centered vocational planning | JDV | Individualized job development | JCO | Job coaching | TAS | Transportation and/or assistance | TRV | Travel training | BEH | Behavioral interventions and supports | MED | Medication Administration | PAS | Personal assistance | OTH | Other supports |
| | Service Code | Enhanced Supported Employment Service Categories* | | | | | | | | | | | | | | | | | | | |
| | PCP | Person centered vocational planning | | | | | | | | | | | | | | | | | | | |
| | JDV | Individualized job development | | | | | | | | | | | | | | | | | | | |
| | JCO | Job coaching | | | | | | | | | | | | | | | | | | | |
| | TAS | Transportation and/or assistance | | | | | | | | | | | | | | | | | | | |
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| | BEH | Behavioral interventions and supports | | | | | | | | | | | | | | | | | | | |
| | MED | Medication Administration | | | | | | | | | | | | | | | | | | | |
| | PAS | Personal assistance | | | | | | | | | | | | | | | | | | | |
| OTH | Other supports | | | | | | | | | | | | | | | | | | | | |

| Staff Documenting Services | |
|--|---|
| Service Description: | In the box beneath the appropriate service date, service staff initial documenting the provision of the service identified and record the duration of the service. Initials are entered in the top-left portion of the box. By entering initials, staff are attesting that the service or action was provided on that day. Initialing must occur contemporaneously to service delivery. Service duration is entered in the bottom right portion of the box. Service duration should be recorded with the appropriate quarter hour equivalent (2 hours and 15 minutes should be recorded as 2.25 hours). |
| Enhanced Supported Employment Pilot Project Service Duration: | At the end of each service day, staff will document the duration of documented Enhanced Supported Employment services provided. The job coaching (JCO) hours provided to the participant is recorded on the first row (Job Coaching Hours) of this section. For the purpose of this pilot project, all other employment related services which are provided to (or on behalf of) the participant are considered ancillary services and must also be documented. The provision and duration of ancillary services are documented on the second row (Ancillary Service Hours). Job coaching hours and ancillary service hours are combined and recorded on the third row which is captioned as Total Enhanced Supported Employment Service Duration Hours. The total numbers of days and hours for each of these three rows for the month are recorded in the last set of columns on the second page of the Individual Summary, with days on the left and hours on the right. (Please note that staff are not expected to provide job coaching supports 100% of the time unless indicated in the individual's plan). Service duration should be recorded with the appropriate quarter hour equivalents. |
| Number of Hours the Individual Worked: | In the available space, staff will record the number of hours the participant spent working on the job for each day of the month (please leave blank if the person did not work that day). These hours do not need to correspond with days/hours that the staff delivered a service. These hours are recorded in full hours with the appropriate quarter hour equivalent (if the individual worked 3 hours and 45 minutes, the Number of Hours the Individual Worked would be recorded as 3.75 hours). The total numbers of days and hours the individual spent working during the month are recorded in the last set of columns on the second page of the Individual Summary, with days on the left and hours on the right. |
| Monthly Totals: Days / Hours (Page 2 only): | For all of the service dates for the month, service staff will enter the total number of days and hours each service was provided. There are two components to Monthly Totals, Days is a count of the days each service was recorded on the Individual Summary pages and is entered in the first Monthly Totals column. Hours is a sum of duration recorded for each service on the Individual Summary pages and is entered in the second Monthly Totals column. Monthly Totals Hours should be recorded in full hours with the appropriate quarter hour equivalent (if two days of service with 3.5 hours and 2.75 hours, the Monthly Totals Hours would be 6.25 hours). |
| Staff Signature Log: | This section must be completed on the checklist by the staff providing services. If additional space is needed, an additional sheet may be attached to the individual summary documentation record. |
| Signature: | Service staff sign on available space. |
| Print Name: | Service staff print name on available space. |
| Initial: | Service staff initial on available space. |
| Title: | Service staff enter title on available space. |
| By signing below staff are verifying that on each service date recorded on this form, the Enhanced Supported Employment Service Duration is accurately documented: | The Enhanced Supported Employment Service Duration entries recorded on the Individual Summary Sheet for the month must be verified. The program manager verifying the Enhanced Supported Employment Service Duration entries should sign their name on the signature line, print their name on the Print Name line, and put their title on the title line. |

Definitions for Job Coaching and Ancillary Services

These are general definitions for services that may be provided to individuals through the Enhanced Supported Employment Pilot Project. The definitions are not intended to be all inclusive, but to be used as general guidelines. The services are intended to assist an individual to obtain and maintain employment consistent with their strengths, interests and capacities.

Person Centered Vocational Planning: Comprehensive discovery process that assists the individual to identify their interests, capacities and strengths particular to the individualized employment planning process.

Job Development: The individualized process that assists a person in finding and securing a job that is consistent with the person's strengths, interests and capacities. Services may include meeting with employers, job search, preparing resumes, completing job applications, etc.

Job Coaching: The services provided to the individual which assist the person to obtain and maintain employment consistent with the employer's expectations. These services are provided primarily at the job site but some activities such as vocational or career counseling may occur in other locations.

Transportation and /or Assistance: The act of transporting the individual to/from work, typically (but not exclusively) by an agency vehicle.

Travel Training: The service provided to an individual to teach him/her to independently travel to and from work. This may include the use of public transportation.

Behavioral Interventions and Supports: A service provided by a psychologist or other specialist that assists an individual to self-manage the behavioral challenges that may interfere with the person's capacity to successfully and independently achieve their valued employment outcomes at work.

Medication Administration: A service provided by a nurse to dispense medication or assist a person to learn to self administer medication(s) at work.

Personal Assistance: The supports an individual receives at the job site to assist him/her in activities of daily living, such as assistance with mobility, eating, toileting, etc.

Other Supports: Any other support/ service funded by the project that is needed by the person to be successful at work.

AGENCY: _____ MONTH/YEAR OF SERVICE : _____

INDIVIDUAL'S NAME: _____ TABS ID: _____

MEDICAID # : _____

ENHANCED SUPPORTED _____

PRGM CODE : _____ EMPLOYMENT CONTRACT # : _____

| Face to Face | Job Site | DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE / ACTION PROVIDED (based on the individual's "Enhanced Supported Employment Plan") | Service Code | STAFF PROVIDING SERVICE / ACTION MUST INITIAL THE DATE THE SERVICE / ACTION WAS PROVIDED AND RECORD THE LENGTH OF THE SERVICE IN HOURS AND QUARTER HOUR EQUIVALENTS (2 hours and 15 minutes should be recorded as 2.25). NOTE : by entering initials, staff are attesting that the service/action was provided on that day. Initialing must occur contemporaneously to service delivery. | | | | | | | | | | | | | | | |
|---|----------|--|--------------|--|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| ENHANCED SUPPORTED EMPLOYMENT PILOT PROJECT SERVICE DURATION (hours and quarter hour equivalents) | | Job Coaching Hours: | | | | | | | | | | | | | | | | | |
| | | Ancillary Service Hours: | | | | | | | | | | | | | | | | | |
| | | Total Supported Employment Service Hours: | | | | | | | | | | | | | | | | | |
| NUMBER OF HOURS THE INDIVIDUAL WORKED: | | | | | | | | | | | | | | | | | | | |

Staff Signature Log - for staff who provided services

| Signature | Print Name | Initials | Title |
|-----------|------------|----------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

By signing below the program manager is verifying that on each service date recorded on this form, the service duration is accurately documented.

Signature _____ Print Name _____ Title _____ Date (DD/MM/YY) _____

Enhanced Supported Employment (SEMP) Documentation Record - Individual Summary

AGENCY: _____

MONTH/YEAR OF SERVICE : _____

INDIVIDUAL'S NAME: _____ TABS ID: _____

MEDICAID # : _____

ENHANCED SUPPORTED _____

PRGM CODE : _____ EMPLOYMENT CONTRACT # : _____

| Face to Face | Job Site | DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE / ACTION PROVIDED (based on the individual's "Enhanced Supported Employment Plan") | Service Code | STAFF PROVIDING SERVICE / ACTION MUST INITIAL THE DATE THE SERVICE / ACTION WAS PROVIDED AND RECORD THE LENGTH OF THE SERVICE IN HOURS AND QUARTER HOUR EQUIVALENTS (2 hours and 15 minutes should be recorded as 2.25). NOTE : by entering initials, staff are attesting that the service/action was provided on that day. Initialing must occur contemporaneously to service delivery. | | | | | | | | | | | | | | MONTHLY TOTALS | |
|---|----------|--|--------------|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|----------|
| | | | | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Services |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| Y | Y | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| N | N | | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| ENHANCED SUPPORTED EMPLOYMENT PILOT PROJECT SERVICE DURATION (hours and quarter hour equivalents) | | Job Coaching Hours: | | | | | | | | | | | | | | | | | |
| | | Ancillary Service Hours: | | | | | | | | | | | | | | | | | |
| | | Total Supported Employment Service Hours: | | | | | | | | | | | | | | | | | |
| NUMBER OF HOURS THE INDIVIDUAL WORKED: | | | | | | | | | | | | | | | | | | | |

Staff Signature Log - for staff who provided services

Signature

Print Name

Initials

Title

By signing below the program manager is verifying that on each service date recorded on this form, the service duration is accurately documented.

Signature

Print Name

Title

Date (DD/MM/YY)

**Enhanced Supported Employment Pilot Project:
One-Time Request for Additional 90 days of Funding**

The purpose of the Enhanced Supported Employment Pilot Project is to assist individuals with developmental disabilities to secure and maintain employment. This outcome is derived by utilizing a person centered approach to planning that elicits the person's strengths, capacities and interests. Pilot projects are expected to use innovative and creative strategies that assist people to achieve their valued outcome of employment. As stipulated in the RFP, employment is expected within 90 days of the initiation of the individual's participation in the Pilot. As further stipulated in the RFP, only one funding extension may be requested, and is subject to approval by the DDSO.

If an individual has not secured employment after having participated in the pilot for a period of 90 days, and the individual wishes to continue in the Pilot, the Pilot Project must submit a request to the DDSO for the continuation of funding for the person. Extensions for continued funding are not automatic and must be approved in advance by the DDSO. In order to provide sufficient lead time for the DDSO to review the request, and to prevent potential gaps in services and/or funding, requests are to be submitted to the DDSO 30 days prior to the 90th day of pilot project services. When the person secures employment, the balance of the remaining 90 days may be "banked" and used later if the person loses or wishes to change their job.

The most important outcome of this pilot is that individuals are employed and receive the supports they need to maintain their employment. We recognize that securing work can be challenging but work is the expected outcome for this project. Individuals may not remain in the project indefinitely when they are unemployed.

Please answer the following question on behalf of the person for whom the request is being made, attach additional sheets if necessary:

Person's Name: Date of Birth:

Name of Pilot Project Agency:

TABS ID #: Date of entry into the Pilot: Today's Date:

Using today's date, state the number of Days the person has participated in the pilot:

Briefly state the person's employment experience prior to participation in the enhanced supported employment pilot:

If the person has never been employed, please describe the person's day services prior to participation in the enhanced supported employment pilot:

1. Describe the person-centered planning which occurred for this person and describe vocational themes that were identified.

2. What are the person's interests and capabilities and how do they relate to employment opportunities?

3. What type of job is the person seeking?

4. Describe the strategies that have been used in the job search to date. Be Specific.

5. Approximately how many hours of job searching and development have occurred for this specific person during the previous 60 days?

6. Has the person received any job offers, including job offers that were not accepted? If so, please explain the outcomes of any job offers. Describe any modifications to the job search process which have already been implemented.

7. What will occur in the next 90 days of Job Development?

8. If this request is granted, how will the process of job development for the person be modified?

Signature of Person Receiving Services

Date

Signature of Program Manager

Date

This Section to be completed by the DDSO

Request for additional 90 days of funding approved? (Check one) **YES** **NO**

Name of Person Reviewing Request

Title

Signature

Date



STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 HOLLAND AVENUE
ALBANY, NEW YORK 12229-0001
(518) 473-1997 • TDD (518) 474-3694
www.omr.state.ny.us

ADMINISTRATIVE MEMORANDUM - #2003-03

TO: Executive Directors of Agencies Authorized to Provide:

- ✗ Residential Habilitation Services
- ✗ Day Habilitation Services
- ✗ Prevocational Services
- ✗ Supported Employment Services
- ✗ Medicaid Service Coordination

DDSO Directors

FROM: Gary Lind, Director 
Policy, Planning and Individualized Initiatives

Jan Abelseth, Deputy Commissioner 
Division of Quality Assurance

SUBJECT: HABILITATION PLAN REQUIREMENTS

DATE: December 5, 2003

Suggested Distribution:

Habilitation Services Staff
Agency Managers
Billing Department Staff
Medicaid Service Coordinators and Supervisors

Purpose:

This Administrative Memorandum will define the Habilitation Plan and state the elements that must be in all Habilitation Plans for both Home and Community-Based Services (HCBS) Waiver enrollees and non-enrollees that receive a Habilitation Service funded by OMRDD.

Habilitation Services are:

- (a) Residential Habilitation in approved sites: Individualized Residential Alternative (IRA), Community Residence (CR), At-home, and Family Care;
- (b) Day Habilitation;
- (c) Prevocational Services; and
- (d) Supported Employment (SEMP).



The memorandum will also provide guidelines about the monthly summary note documentation and quality features of the Habilitation Plan.

There are standards for service quality and standards for service billing. Habilitation service providers must meet the documentation requirements in this administrative memorandum to justify habilitation service billing. Service quality standards are based on the requirements in this memorandum plus OMRDD Division of Quality Assurance Provider's Guide To the Non-ICF Survey Process (October, 2002) and The Key to Individualized Services - The Home and Community Based Services Waiver Provider Guide (OMRDD, 1997).

Defining the Habilitation Service and Habilitation Plan:

Habilitation Services are those supports and services that assist people to live successfully in their home, work at their jobs and participate in the community. Habilitation Plans describe what staff (the word "staff" in this memo includes family care providers) will do to help the person reach his or her valued outcome(s) that have been identified in the Individualized Service Plan (ISP). The ISP provides the authorization for delivering a particular Habilitation Service (e.g. Day Habilitation). Habilitation Services involve staff teaching a skill and/or helping the person, i.e., providing a support, and new experiences. The regulations that govern Habilitation Services are 14 NYCRR Parts 624, 633, 671, 686, and subpart 635-10.

Habilitation Plan Requirements:

The Habilitation Service Provider writes the Habilitation Plan. The ISP is written by the person's service coordinator as required under either Medicaid Service Coordination or Plan of Care Support Services. The Habilitation Plan describes the services and supports that will enable the person to pursue his/her valued outcome(s) stated in the ISP. The initial Habilitation Plan is written by the Habilitation Service Provider in collaboration with the person, their advocate and service coordinator, within 60 days of the start of the Habilitation Service and is forwarded to the service coordinator. Subsequent revised Habilitation Plans, which are also written by the Habilitation Service Provider, are given to the person's service coordinator no more than 30 days after either: (a) the six-month ISP review date, or (b) the Habilitation Service Provider makes a significant change in the Habilitation Plan as agreed upon by the person, their advocate and service coordinator.

The Habilitation Plan Must Contain the Following Seven Elements:

1. The person's (a) **Name** and (b) **Medicaid Identification Number (CIN)**, if the person is a Medicaid-enrollee
2. The **Habilitation Service Provider agency name and type of Habilitation Service provided** (e.g., Day Habilitation). The Habilitation Service Provider may use a pre-printed format for this information. Absent pre-printed information, the Provider name and type of Habilitation service must be entered on the plan.
3. The **date on which the Habilitation Plan was last reviewed**. Each Habilitation Plan must be reviewed and revised as necessary when there is a significant change in the Habilitation Service. At a minimum, the Habilitation Plan must be reviewed (and revised as necessary) at least once every six months. It is recommended that the six-month review be conducted at the time of the ISP meeting arranged by the person's service coordinator. When the Habilitation Plan is reviewed at the ISP meeting, the Habilitation Plan review date will correspond to the ISP review meeting date. At least annually, the Habilitation Plan must be reviewed at the ISP meeting with the service coordinator, consumer, advocate, and with all other major service providers in attendance.
4. The person's **valued outcome(s)** that will be addressed through the Habilitation Service. The person's valued outcome(s) are specified in the ISP. The Habilitation Service is "authorized" only where the service relates to at least one of a person's valued outcomes. The Habilitation Plan writer uses these valued outcomes as a starting point for writing the Habilitation Plan and then goes on to describe the combination of skill acquisition, staff supports and exploration of new experiences that will enable the person to reach the particular valued outcome(s). A single Habilitation Plan may address one or more valued outcomes.
5. A description of the **services and supports** the Habilitation Service Provider staff will provide to the person. The services and supports that will be provided by the Habilitation staff are further described in the section of this memorandum titled "Quality Features of the Habilitation Plan."
6. The **safeguards** (health and welfare) that will be provided by the Habilitation Service Provider. The safeguards delineated in Section 1 of the ISP are used as the starting point for the Habilitation Service Provider. Safeguards are necessary to provide for the person's health and safety while participating in the habilitation service. All habilitation staff, as appropriate, must have knowledge of the person's safeguards.
 - a. Safeguards for persons receiving IRA Residential Habilitation are addressed in the individual's Plan of Protective Oversight in accord with 14 NYCRR Section 686.16. The individual's Plan of Protective Oversight is *attached* to the IRA Residential Habilitation Plan.

- b. For all other Habilitation Services (Residential Habilitation in Family Care, CRs and At Home; Day Habilitation; Prevocational Services; and Supported Employment) safeguards are *included* in the Habilitation Plan or the plan must reference other documentation that specifies the safeguards. *Information on the safeguards must be readily available to the Habilitation Service Provider staff.*

For example:

- i. A safeguard *included* in the Habilitation Plan for a person with exercise-induced asthma might state that he or she must use an inhaler prior to any physical activity.
- ii. The Habilitation Plan might reference the nutritional plan notebook located in the program office, which contains information on the individual's food allergies.

Either including the safeguards or referencing the safeguards is acceptable.

- c. As required in 14 NYCRR Part 633, the medication records stand-alone from the Habilitation Plan. The Habilitation Plan references the medication records as containing important health related information when applicable. If the Habilitation Service Provider is teaching the person to self-administer medication, that goal and methodology should appear in the Habilitation Plan.
- d. Providers of residential habilitation, including at-home services or services provided in IRAs, must have written procedures for providing back-up supports to consumers when the absence of the provider's regularly scheduled staff would pose a serious threat to the person's health or safety.

For certified IRAs, this information must be included in site-specific plans for protective oversight, and in individual plans for protective oversight as appropriate. For individuals receiving at-home residential habilitation, the information could be included in individual residential habilitation plans if appropriate, but minimally must be available in writing as part of the agency's policies and procedures.

7. The **printed name, signature and title** of the person who wrote the Habilitation Plan and the **date** it was written or revised.

The Monthly Note:

To support service claim documentation and quality services, the service provider must assure that at least monthly, or more frequently if the provider so chooses, a narrative note is written that: a) summarizes the implementation of person's Habilitation Plan, b) addresses the person's response to the services provided, and c) states any issues or concerns about the plan or the person.

Service Claim Documentation:

ADM-2002-01, ADM 2002-02, ADM 2003-04 and ADM 2003-05 describe service documentation requirements for billing. For all Habilitation Services, there must be documentation of individualized services that are drawn from the person's Habilitation Plan.

Quality Features of the Habilitation Plan:

A Habilitation Plan is individualized by using the person's valued outcomes as a starting point. The Habilitation Plan should address one or more of the following strategies for service delivery: skill acquisition/retention, staff support, and exploration of new experiences. The strategies are discussed below. The Habilitation Service Provider, using professional judgment and in collaboration with the person and his/her service coordinator, decides which service strategies are to be addressed in the Habilitation Plan. The Habilitation Plan must be specific enough to enable new Habilitation Service staff to know what they must do to implement the person's Habilitation Plan. It should be noted that the Habilitation Plan provides strategies for habilitation service delivery and is not meant to identify each and every activity that occurs throughout the day.

1. **Skill Acquisition/retention** describes the services staff will carry out to make a person more independent in some aspect of life. Staff assess the person's current skill level, identify a method by which the skill will be taught and measure progress periodically. The assessment and progress may be measured by either observation, interviewing staff or others that know the person well and/or by data collection.

Skill acquisition/retention goals should be considered in developing the Habilitation Plan. Further advancement of some skills may not be reasonably expected for certain people due to a medical condition, advancing age or the determination that the particular skill has been maximized due to substantial past efforts. In such instances, based on an appropriate assessment by members of the habilitation service delivery team, the Habilitation Service can be directed to skill retention.

2. **Staff Supports** are those actions provided by the habilitation staff when the person is not expected to independently perform a task without supervision that is essential to preserve the person's health or welfare, or to reach a valued outcome. Examples are assistance with personal hygiene or activities of daily living. Staff oversight of the person's health and welfare is also a part of the Habilitation Service (e.g., when staff accompany people in the community or provide first aid).
3. **Exploration of new experiences** is an acceptable component of the Habilitation Plan when based on an appropriate review by the Habilitation Service Provider. Learning about the community and forming relationships often require a person to try new experiences to determine life directions. This trial and error process eventually enables the person to make informed choices and, consequently, to identify new valued outcomes that then become part of the ISP and the Habilitation Plan.

ADMINISTRATIVE MEMORANDUM #2003-03

Habilitation Plan Requirements

December 5, 2003

For additional information about the Habilitation Plan, please contact Mr. Kevin O'Dell, Director of Waiver Management, at (518) 474-5647 or via e-mail at kevin.odell@omr.state.ny.us.

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