

Appendix B: Service Documentation Requirements for Enhanced Supported Employment Pilots

Purpose

This Appendix describes the documentation requirements for Enhanced Supported Employment services (ESEMP) within ESEMP 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 ESEMP Pilots.

Quality service standards for Supported Employment continue to be described in the Key to Individualized Services, OPWDD'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 ESEMP 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 ESEMP Pilots

The unit of service for ESEMP Pilots is a month. There are different service requirements to bill for ESEMP Pilot services provided to individuals who are employed for an entire month and for individuals who are not employed for all or any part of a month.

ESEMP Pilot Definition of Employed

To be employed in terms of the Pilot an individual must be regularly scheduled to work at least 32 hours during the month. Missing a scheduled shift due to a reasonable absence (e.g., illness or vacation) does not affect an individual's employed status. It is expected that the person's work hours are scheduled over at least 8 days in the month. Scheduled work hours may be spread across multiple jobs.

An individual who is not regularly scheduled to work at least 32 hours during the month is considered not employed. Enrollment in the Pilot for individuals who are not employed is time limited, as described on page two of this Appendix.

In order to be paid for a unit of ESEMP 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 on separate days during the month. At least four of the face-to-face service/staff actions must be provided to the person at the job site.** These services/staff actions must be derived from the individual's Enhanced Supported Employment Plan.

In order to be paid for a unit of ESEMP provided to **an individual who is not employed for all or any part of a 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.

90 Day Limit

Job placement is expected within 90 days of the individual's enrollment in the Pilot. **Individuals who do not meet the definition of employed as described on page 1 of this Appendix may be enrolled in the Pilot for up to 90 days. If an individual enrolled in the Pilot does not become employed (as defined on page 1 of this Appendix) within 90 days, the individual must be disenrolled from the Pilot. For the duration of an individual's participation in the Pilot, this 90 day limit is the total amount of time the individual may remain in the Pilot if he/she does not meet definition of employed as described on page 1 of this Appendix and it applies to those individuals who have secured employment through the Pilot and subsequently lose or choose to leave their jobs.**

If the placement outcome is not met within 90 days, the provider may request funding for an additional 90 days of ESEMP enrollment for the person. 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 of enrollment per person.**

The format for requesting a one-time extension is attached.

The individual may be reenrolled at a later date only if he/she is working a schedule that meets the definition of employed as described on page 1 of this Appendix and there is sufficient funding available to reenroll the person into the contract. Reenrollment must be approved by the DDSO.

Format for Documenting ESEMP Services

The agency will use the OPWDD-developed Enhanced Supported Employment (ESEMP) Documentation Record (also known as the "checklist") format for documenting the provision of ESEMP 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 ESEMP services. Please see the section entitled "Instructions for Service Documentation" for further information (page 3).

Modified versions of the OPWDD-developed ESEMP Documentation record (also known as "Alternative Documentation Formats") may be substituted if reviewed and approved by OPWDD's Medicaid Standards Unit. Authorization for the use of Alternative Documentation Formats is contract specific. Agencies may continue to use previously approved Alternative Documentation Formats, however, any further modifications requires additional review and approval from OPWDD's Medicaid Standards Unit.

Instructions for Billing

- **Enrollment in ESEMP Services in the Tracking and Billing System (TABS)**

In order for the agency to be eligible to be paid for ESEMP services, ACCES - VR (formally VESID) will have determined that the participation in the ESEMP Pilot Project is the most appropriate service for each of the individuals for whom services are being billed. For those individuals who are blind or legally blind this assessment will be the conducted by the Commission for the Blind and Visually Handicapped (CBVH). Individuals can be enrolled in the agency's ESEMP Pilot program in TABS only if this requirement is met.

- **Reporting ESEMP Services**

The ESEMP payment will be issued automatically to the provider based on the service information that the provider submits to OPWDD via a secure web application. For each month, the agency must answer two questions for each individual enrolled in ESEMP Pilots.

- Individual Employed?

The agency enters "Y" (for yes) if the individual is employed for the full calendar month as defined on page 1 of this Appendix. 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 ESEMP Pilot services are delivered on separate days during the month with at least four of the face-to-face service/staff actions are provided to the person at the job site. The agency also enters "Y" if at least eight ESEMP Pilot services were delivered on separate days during the month to an individual who was not employed for all or any part of a month, 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 ESEMP 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 ESEMP service must be identified in the "HCBS Waiver Services" section of the ISP as **Supported Employment** and the required information must be completed as follows:

Name of Provider:	<u>Agency's Name Here</u>
Type of Service:	<u>Supported Employment</u>
Frequency:	<u>Month</u>
Duration:	<u>Ongoing</u>
Effective Date:	<u>No later than the 1st day of service delivery</u>

- 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 ESEMP Pilot Project has been reviewed by ACCES – VR (formally VESID) as part of the Pilot review and selection process. For those individuals who are blind or legally blind, this review will be conducted by the Commission for the Blind and Visually Handicapped (CBVH). The Plan will also state that ACCES – VR (or CBVH when appropriate) agrees that the ESEMP Pilot Project is the most appropriate service for the person at the current time.
 - Range of service frequency (e.g., for an employed individual ESEMP 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 **ESEMP Documentation Record (also known as a “checklist”)** which demonstrates:
 - The contemporaneous documentation of ESEMP services that are provided by staff.

- **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.

Enhanced Supported Employment: Billing Examples

Guidance is provided on how a provider should respond to the Secure Application Questions and apply time against the “90 day clock” for employment scenarios below.

Scenario 1 (February): An individual in the Pilot was scheduled to work 5 hour shifts on 10 separate days during February. The job coach delivered face-to-face services at the individual’s job site on 8 separate days; however, due to a winter storm, the individual missed the last 2 scheduled days.

Individual Employed? Yes

As the individual had a regular work schedule of at least 32 hours in the month, he/she was employed for the entire month, as defined in the Appendix B.

Required Services Delivered? Yes

The agency delivered face-to-face services on 8 separate days and at least 4 of the days the services were provided to the person at the job site.

Impact on 90 Day Clock: Clock does not run.

The individual’s status as employed does not change because he/she missed scheduled shifts due to a reasonable absence.

Scenario 2 (April): An individual in the Pilot was working with a schedule of two 4 hour shifts per week at the beginning of April but became sick and missed a scheduled shift. As a result, the provider was only able to deliver face-to-face services at the worksite on 3 separate days. During the same month, the provider also delivered face-to-face services away from the worksite on 7 separate days.

Individual Employed? Yes

Reasonable absences, such as an illness, do not impact an individual’s status as employed, as defined in the Appendix B (the person was regularly scheduled to work least 32 hours/month).

Required Services Delivered? No

Although a total of 10 services were delivered on separate days, the provider did not meet the requirement that, for an individual employed for the full calendar month, at least four face-to-face services/staff actions are delivered at the job site.

Impact on 90 Day Clock: Clock does not run.

The person was employed for the entire month.

Scenario 3 (August): An individual who had been receiving job development through the Pilot started a new job on August 20th. The person's regular work schedule was 3 hours a day/3 days a week. Between August 1st and 19th the provider delivered face-to-face job development services on 3 separate days and non-face-to-face services on 3 separate days. After the individual started working on August 20th, face-to-face services were delivered at the job site on 3 separate days.

Individual Employed? No

The individual started a job in August and had a schedule that met the standard of at least 32 hours in the month (3 hour shifts X 3 days a week X 4 weeks a month = 36 hours) as defined in Appendix B. However, because the individual did not start the job until August 20th, the person was not employed for the entire month of August.

Required Services Delivered? Yes

The individual was not employed for some part of the month (the 1st-19th), however, the provider did meet the minimum requirements (*at least eight services/staff actions provided during the month on separate days, at least four of which are face-to-face services*), having delivered services on 9 separate days, including face-to-face services on 6 separate days.

Impact on 90 Day Clock:

The clock runs from August 1st through August 19th.

Scenario 4 (October): Last year an individual entered the Pilot without a job and after receiving an initial 90 days of ESEMP and then 90 more days of ESEMP after the DDSO approved a one-time request for additional funding, the person started their first job with a regular schedule of 2 hour shifts 4 days a week. Due to downsizing, the individual was laid off on October 15th. The individual was not able to find a new job right away, despite his/her efforts and the efforts of provider staff. The provider delivered 4 services at the job site on separate days between October 1st and October 14th.

Individual Employed? No

The individual was not employed for the full calendar month, as defined in Appendix B.

Required Services Delivered? No

The provider did not meet the minimum standard to bill while the individual was employed and the individual could not participate in pilot while unemployed as there was no time left on "the 90 day clock."

Impact on 90 Day Clock: There is no time left on the clock, therefore the individual must be disenrolled from the Pilot. The individual may be re-enrolled at a later date only if he/she is working a schedule that meets the definition of employed as described on page 1 of the Appendix B and there is sufficient funding available to reenroll the person into the contract. Reenrollment must be approved by the DDSO.

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

Preparing the “Checklist” for Service Staff																					
Agency:	Agency name identified on the Agency’s Enhanced Supported Employment (ESEMP) Agreement.																				
Month/Year of Service:	Calendar month/year of service provision.																				
Individual’s Name:	“First Name Last Name” of person receiving ESEMP.																				
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 ESEMP program in TABS (contact DDSO if not known).																				
Enhanced Supported Employment Contract #:	Contact the agency’s finance office if the Contract # for the ESEMP 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:	<p>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.</p> <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
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*See APP.B-9 for Definitions																					

Staff Documenting Services	
Staff Providing Service:	In the box beneath the appropriate service date, service staff initial documenting the provision of the service identified. By entering initials, staff are attesting that the service or action was provided on that day. Initialing must occur contemporaneously to service delivery.
Monthly Totals: (Page 2 only):	In the far right hand column on the second page, service staff will enter the total number of days each service was provided. This is a count of the days each service was recorded on both Individual Summary pages.
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).
Monthly Totals: (Page 2 only):	The Monthly Totals for Number of Hours the Individual Worked is entered as both Days and Hours. In the DAYS box, the total number of days the individual worked during the month is entered. In the HOURS box the sum of hours recorded on both pages of the Individual Summary is entered. Hours should be recorded in full hours with the appropriate quarter hour equivalent (if the individual worked on 9 days for 4 hours and 30 minutes each day, the Monthly Totals would appear with "9" in the first box and "40.5" in the second box <i>(4.5 hours X 9 days = 40.5)</i>).
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 is accurately documented:	The Enhanced Supported Employment Service entries recorded on the Individual Summary Sheet for the month must be verified. The program manager verifying the Enhanced Supported Employment Service entries should sign their name on the signature line, print their name on the Print Name line, put their title on the title line, and enter the date they signed the document on the date 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 # : _____

PRGM CODE : _____ ENHANCED SUPPORTED 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. 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																		
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 is accurately documented.

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

AGENCY: _____ MONTH/YEAR OF SERVICE : _____
 INDIVIDUAL'S NAME: _____ TABS ID: _____ MEDICAID # : _____
 PRGM CODE : _____ ENHANCED SUPPORTED 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. 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																			
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NUMBER OF HOURS THE INDIVIDUAL WORKED:																			DAYS	HOURS

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 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
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www.omr.state.ny.us

ADMINISTRATIVE MEMORANDUM - #2003-03

TO: Executive Directors of Agencies Authorized to Provide:

- x Residential Habilitation Services
- x Day Habilitation Services
- x Prevocational Services
- x Supported Employment Services
- x 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).

ADMINISTRATIVE MEMORANDUM #2003-03

Habilitation Plan Requirements

December 5, 2003

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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.*

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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.

For additional information about the Habilitation Plan, please contact Mr. Kevin O'Dell, Director of Waiver Management, at (518) 474-5647.

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