NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

ADMINISTRATIVE DIRECTIVE

Transmittal:	18-ADM-09
To:	Executive Directors of Voluntary Provider Agencies Executive Directors of Care Coordination Organizations Developmental Disabilities State Operations Offices (DDSOO) Directors Developmental Disabilities Regional Office (DDRO) Directors
Issuing OPWDD Office:	Division of Person-Centered Supports
Date:	9/4/18
Subject:	Staff Action Plan Program and Billing Requirements
Suggested Distribution:	Habilitation Program/Service Staff Quality/Compliance Staff Billing Department Staff Health Home and Basic HCBS Plan Support Care Managers and Care Manager Supervisors
Contact:	peoplefirstwaiver@opwdd.ny.gov
Attachments:	Staff Action Plan Template

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
2002-01 2006-01 2006-04 2012-01 2014-01 2014-04 2015-01 2016-01 2017-03 2018-06		14 NYCRR Parts 635, 636, and 686	MHL §§ 13.01, 13.07	

Applicability:

During a one-year transition period, July 1, 2018 through June 30, 2019, both Individualized Service Plans (ISPs) and Life Plans may be in effect throughout the Office for People With Developmental Disabilities (OPWDD) service system. An individual's ISP will remain in effect until the individual's Life Plan is developed and implemented. For individuals who have an ISP as their controlling active plan of care, habilitation providers must continue to follow the guidance regarding *Habilitation Plan Requirements* prescribed in Administrative Memorandum (ADM) #2012-01 until the individual's Life Plan becomes the controlling plan of care.

No later than June 30th, 2019, individuals receiving or seeking habilitation services through the OPWDD service system require a Staff Action Plan. Staff Action Plans are required whether the individual receives care management from a Managed Care Organization (MCO) or a Care Coordination Organization (CCO) providing Health Home Care Management/Basic Home and Community-Based Services (HCBS) Plan Support. At the time of transition to the Life Plan, Habilitation Plans must transition to Staff Action Plans. Habilitation Plans created between July 1, 2018 and the issue date of this ADM must transition to Staff Action Plans no later than 60 days of the issue date of this ADM.

Purpose:

To ensure continuity of services during the transition from Medicaid Service Coordination (MSC) and Plan of Care Support Services (PCSS) to Care Management, this ADM describes the Staff Action Plan requirements as they relate to the Life Plan.

When an individual's ISP is replaced by a Life Plan, the habilitative goals/valued outcomes, habilitation service provider assigned goals, and individual safeguards/Individual Plan of Protection(IPOP) is integrated into the Life Plan. The Life Plan is the active document defining the person-centered habilitative goals/valued outcomes and required individual safeguards/IPOP needs.

Habilitation providers delivering services reflected in the Life Plan must identify how:

- habilitation staff will assist the individual to achieve his/her defined habilitative goals/valued outcomes; and
- individual safeguards/IPOP needs identified in the Life Plan will be met.

Habilitation providers accomplish this by creating, developing and implementing a Staff Action Plan. Individuals must have a Staff Action Plan for each habilitation service they receive. The overarching protections listed in the individual safeguards/IPOP section identified in the Life Plan may be further detailed in a Staff Action Plan or internal guidance document created by the habilitation provider. The Staff Action Plan and/or internal guidance document further details the individual's needed safeguards, staff supports, and/or specific/detailed protective oversight measures to ensure the health and safety of the individual receiving the habilitation service(s). The Life Plan and/or the Staff Action Plan must specifically reference where the additional detail is located (e.g., see "Plan of Nursing Services", see "Behavior Support Plan", see "Community Supervision Safeguarding Protocol").

Definitions:

Habilitation Services

Habilitation services are designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community based settings. Habilitation services involve habilitation staff teaching skills, providing supports, and exploring new experiences. Habilitation services include:

- Residential Habilitation in certified sites (Individualized Residential Alternatives (IRA), Community Residences (CR), and Family Care Homes);
- Day Habilitation;
- Community Habilitation;
- Pathway to Employment;
- Prevocational Services; and
- Supported Employment (SEMP).

Staff Action Plans

Staff Action Plans describe, in detail, what habilitation staff will do to help the individual reach the habilitation goals/valued outcomes through the habilitation provider assigned goal(s) identified in the individual's Life Plan. Habilitation staff are responsible for implementing needed safeguards for the individual. The Life Plan and Staff Action Plan are important tools to ensure that the habilitative goals/valued outcomes and the safeguards/IPOP needs of individuals are met by the planning team and service providers.

Health Information Technology System (HITS)

The Health Information Technology System (HITS) is an electronic information sharing system. HITS ensures consistent, timely, and comprehensive information sharing between providers and Care Managers, and must be used if available and accessible.

HITS access is available to the individual, the individual's family member(s) and/or advocate(s) as permitted by the individual, and any other parties requested and approved by the individual. If the individual or family requests access to the Staff Action Plan in a different format, it is the responsibility of the habilitation provider to provide the document as requested.

If the CCO HITS is not available or accessible, another mechanism for prompt communication agreed upon by the Care Manager and habilitation provider may be utilized so that the person being contacted can update the HITS. For the purposes of this ADM, reference to HITS includes both HITS and any other communication system, if HITS is not available or accessible. For Basic HCBS service, HITS may be used but it is not required.

Coordinating the Life Plan and Staff Action Plan:

The individual's Life Plan drives the development of the Staff Action Plan. Sections II and III of the Life Plan contain critical information that must be used by the habilitation provider to develop the Staff Action Plan.

Life Plan Section II: Outcomes and Support Strategies

Section II of the Life Plan identifies the *goals/valued outcomes* of the individual receiving services and the associated provider. The associated habilitation provider is assigned goals, supports, and/or tasks, which are identified in the Life Plan as Goals (G), Supports (S), or Tasks (T).

Below are examples of Goals/Valued Outcomes and Provider Assigned Goals within Section II of the Life Plan and the corresponding Staff Action Plan(s) that must be developed based upon the details identified in the individual's Life Plan (Section II):

CQL POMs Goal/Valued Outcome	My Goal/Valued Outcome[1]	Provider Assigned (Habilitative) Goal	Service Type	Staff Action Plan (Provider Developed Document)
People live in integrated environments	I want to live more independently in the community	(G) Teach person to identify and respond to safety issues (environmental safety concerns, etc.)	Residential Habilitation	The Residential Habilitation *Staff Action Plan* identifies staff activities needed to achieve the goal. The Residential *Staff Action Plan* focuses on skill development related to learning safety skills.
People live in integrated environments	I want to live more independently in the community	(G) Teach person to take public transportation	Community Habilitation	The Community Habilitation *Staff Action Plan* identifies staff activities needed to achieve the goal. The Community Habilitative *Staff Action Plan* focuses on teaching skills for taking public transportation.

CQL POMs Goal/Valued Outcome	My Goal/Valued Outcome	Provider Assigned	Service Type	Staff Action Plan (Provider Developed Document)

[1] May appear as PHP/CCO Goal/Valued Outcome in early versions of Life Plans.

		(Habilitative) Goal		
People have intimate relationships	Improve the quality of my current relationships	(G) Teach positive communication skills	Community Habilitation	The Community Habilitation *Staff Action Plan* identifies staff activities needed to achieve the *goal.* The Community Habilitation *Staff Action Plan* focuses on teaching communication skills.
People have intimate relationships	Improve the quality of my current relationships	(G) Teach social skills	Day Habilitation	The Day Habilitation *Staff Action Plan* identifies staff activities needed to achieve the *goal.* The Day Habilitation *Staff Action Plan* focuses on social skill development.

Life Plan Section III: Individual Safeguards/Individual Plan of Protection (IPOP)

Section III of the Life Plan is a compilation of all supports and services needed for the individual to remain safe, healthy, and comfortable across all settings (including Part 686 regulatory requirements for IPOP). Section III of the Life Plan may include both goals or supports. Habilitation providers must include these goals and supports in the individual's Staff Action Plan and/or internal guidance document.

Below are examples of Goals/Valued Outcomes and Provider Assigned Goals in Section III of the Life Plan and the corresponding Staff Action Plan(s) or internal guidance document(s) that must be developed based upon the details identified in the individual's Life Plan (Section III):

Goal/Valued Outcome	**Provider Assigned (Safeguard) Goal**	**Service**	**Staff Action Plan or Internal Guidance Document (Provider Developed Document)**

I need help to take my medications	(S) Provide total assistance See: *Plan of Nursing Services (PONS)*	Day Habilitation	The *Plan of Nursing Services (PONS)* defines the supports needed for the individual's ongoing medication management needs. A *PONS* is developed, jointly or separately, by the Day Habilitation and Residential Habilitation service providers. The PONS is guidance for the staff providing support.
I need help to take my medications	(S) Provide total assistance See: *Plan of Nursing Services (PONS)*	Residential Habilitation	

Goal/Valued Outcome	**Provider Assigned (Safeguard) Goal**	**Service**	**Staff Action Plan or Internal Guidance Document (Provider Developed Document)**
In general, I need this level of support for my personal hygiene	(S) Just do it for me, thanks	Day Habilitation	The detailed staff actions to provide support for personal hygiene must be identified in the Day Habilitation and Residential Habilitation *Staff Action Plans or internal guidance documents* for the service related goals, consistent with the defined safeguards in the Life Plan (i.e., Just do it for me, thanks). The Day Habilitation and Residential Habilitation *Staff Action Plans* must identify staff activities needed to achieve the goal *(i.e., hand washing skills)*.
In general, I need this level of support for my personal hygiene	(S) Just do it for me, thanks	Residential Habilitation	
However, there are some areas where I need specific support or want to be more independent	(G) Teach hand washing skills, provide extensive assistance	Day Habilitation	
However, there are some areas where I need specific support or want to be more independent	(G) Teach hand washing skills, provide extensive assistance	Residential Habilitation	

Goal/Valued Outcome	Provider Assigned (Safeguard) Goal	Service	Staff Action Plan or Internal Guidance Document (Provider Developed Document)
People have the best possible health, I want to feel differently	(S) Provide exercise program	Community Habilitation	The Community Habilitation *Staff Action Plan* details the supports needed to help the individual achieve his/her goals. The Community Habilitation *Staff Action Plan* directs support staff by further detailing the safeguards in the Life Plan.
People have the best possible health, I want to feel differently	(S) Provide diet counseling	Community Habilitation	

Goal/Valued Outcome	Provider Assigned (Safeguard) Goal	Service	Staff Action Plan or Internal Guidance Document (Provider Developed Document)
I want to feel better (regarding my behavior)	Provide/Implement Behavior Support Plan (BSP) with Documentation of Replacement Behavior See: Behavior Support Plan	Residential Habilitation	The *Behavior Support Plan (BSP)* must be developed, jointly or separately, by the Residential and Day Habilitation providers. The BSP must be: consistent with the specific needs of the individual; based on

I want to feel better (regarding my behavior)	Provide/Implement Behavior Support Plan (BSP) with Documentation of Replacement Behavior See: Behavior Support Plan	Day Habilitation	appropriate assessment(s); and developed with input from the planning team. The *BSP* defines the staff actions according to the specific behavioral support needs of the individual, including expectations for person-centered replacement behaviors.

Staff Action Plan Program Standards:

The Staff Action Plan Program Standards are designed to provide guidance to habilitation service providers about the expected level of quality habilitation services. These program standards are reviewed by OPWDD's Division of Quality Improvement and Performance Measures (DQIPM) and may be subject to corrective actions. These program standards are not considered to be a specific requirement to justify billing. Billing standards are identified in the Staff Action Plan Billing Standards section below.

Staff Action Plans will be incorporated into DQIPM's review for the survey cycle beginning October 1, 2019.

General Guidance for Developing the Staff Action Plan

Staff Action Plan and the Life Plan

When developing the Staff Action Plan, Habilitation staff must follow the person-centered planning guidance as described in 14 NYCRR Part 636-1.

Staff Action Plans must be developed based on the habilitation provider assigned goals as outlined in the individual's Life Plan. Habilitation provider assigned goals are established by the individual receiving services and his/her planning team during the Life Plan development process. Staff Action Plans detail how staff will provide supports and services to help the individual achieve his/her defined habilitative goals/valued outcomes.

Habilitation provider assigned goals and supports identified in Sections II and III of the Life Plan meet the requirements for habilitative goals described in the habilitative provider's Staff Action Plan. Tasks are a one-time activity assigned in the Life Plan, and are not habilitative in nature. Therefore, tasks do not meet the billing requirements to be a habilitation goal.

Creating the Staff Action Plan

Staff Action Plans must be written by the habilitation provider and must be developed in collaboration with the individual, his/her advocate, Care Manager, and any other parties requested and approved by the individual. Additionally, agencies providing Residential Habilitation must continue to demonstrate the involvement of a Qualified Intellectual Disabilities Professional (QIDP) in the delivery, management or supervision of residential habilitation services.

The initial Staff Action Plan must be in place no later than 60 days of the start of the individual's habilitation service, or the Life Plan review date, whichever comes first. Therefore, services that are provided within the first 60 days of the start of the habilitation service might not have a Staff Action Plan in place. The habilitation provider must forward the initial Staff Action Plan to the Care Manager via the CCOs Health Information Technology System (HITS). Staff Action Plans must be provided to the Care Manager no more than 60 days after the Life Plan review date.

Reviewing and Revising the Staff Action Plan

The Staff Action Plan must be reviewed at least twice annually, and revised as frequently as necessary based upon the individual's needs. It is recommended that Staff Action Plan reviews occur at six-month intervals coordinated with the Life Plan review. At least annually, one of the Staff Action Plan reviews must be conducted at the time of the Life Plan meeting. The Life Plan meeting is arranged by the individual's Care Manager and is required to include the following parties: the individual, family member(s) and/or advocate(s) (if permitted by the individual), and all other major service providers. This review allows the agencies providing services and the individuals receiving services to reassess the effectiveness of the Staff Action Plan(s) and services.

When reviewing a Staff Action Plan, the habilitation provider must consider the individual's progress, including his/her accomplishments and the prevention of regression since the last review. The review must include discussion about:

- the services and supports that have been provided since the last review,
- what challenges have been experienced, and
- what new strategies or methodologies may need to be implemented
- the individual's satisfaction with the plan.

Those reviewing the Staff Action Plan should establish objectives to be met before the next periodic review and establish agreement on those objectives.

Revised Staff Action Plans, written by the habilitation service provider, must be provided to the Care Manager via the CCOs HITS. Staff Action Plans must be provided to the Care Manager no more than 60 days after either: (a) a Life Plan review date; or (b) the date on which the habilitation service provider makes a change to the Staff Action Plan.

Required Sections of the Staff Action Plan

Every Staff Action Plan must include the following three sections:

1) **Identifying information**. This must include:
   - the individual's name;
   - the individual's Medicaid ID number;
   - the name of the habilitation provider;
   - the Care Coordination Organization providing care management to the individual;
   - identification of the habilitation service; and
   - the date of the Life Plan meeting, or Staff Action Plan review, in which the Staff Action Plan was developed/reviewed.

2) **Individual Habilitative Goals/Valued Outcomes and Provider Assigned Goals.** The individual's habilitative goals/valued outcomes and habilitation provider assigned goals are derived from the individual's Life Plan. The habilitation service must relate to the individual's habilitative goals/valued outcomes. Using the habilitative goals/valued outcomes as the starting point, the details of the Staff Action Plan must describe the actions that will enable the individual to reach his/her specific habilitative goals/valued outcomes.

   The habilitation service provider must use person-centered planning practices, and in consultation with the individual and his/her Care Manager, decide which strategies are to be addressed in the Staff Action Plan. The Staff Action Plan and/or internal guidance document(s) must be specific enough that new habilitation service staff know:
   - what they must do;
   - how to assist the individual to achieve his/her habilitative goals/valued outcomes; and/or
   - how to address the individual's safeguard/IPOP needs.

   The Staff Action Plan must address one or more of the following strategies for service delivery: skill acquisition/retention; staff support; or exploration of new experiences.

   a. **Skill Acquisition/Retention** describes the strategies staff will use to help an individual become more independent in some aspect of life. Staff assess the individual's current skill level, identify a method by which the skill will be taught, and then measure progress periodically. The assessment and progress may be measured via observation, interviews of staff and/or others who know the individual well, and/or by data collection.

      Skill acquisition/retention activities should be considered in developing the Staff Action Plan. Further advancement of some skills may not be reasonably expected for certain individuals due to various medical conditions, advancing age, or the determination that the skill has been maximized due to substantial past efforts. In these instances, based on an appropriate assessment by members of the habilitation service delivery team, activities specified in the Staff Action Plan can be changed to skill retention.

b. **Staff Supports** are those actions that are provided by the habilitation staff when:
   - the individual is not expected to independently perform a task without supervision; and b) are essential to preserve the individual's health or welfare, or to reach a goal/valued outcome. For example, a staff person may assist the individual with personal hygiene, as opposed to teaching or helping the individual develop that skill.

   Staff oversight of the individual's health and welfare is also a part of the habilitation service (e.g., when staff accompanies individuals in the community or provides first aid). The needed staff supports typically relate to the provision of defined safeguards and can be found within the habilitation provider's internal guidance documents, such as the Plan of Nursing Services, Dining Plan, Behavior Support Plan or other general support plans. Supports may also be defined directly within the Staff Action Plan for the habilitative service.

c. **Exploration of new experiences** may be part of the Staff Action Plan when based on an appropriate review by the habilitation service provider. Learning about the community and forming relationships often requires an individual to try new experiences to determine life directions and support greater independence. This trial and error process eventually allows the individual to make informed choices and identify new goals/valued outcomes that become part of the individual's Life Plan and Staff Action Plan.

3) Individual Safeguards/IPOP. The individual safeguards/IPOP needs described in Section III of the Life Plan are used as the starting point for the habilitation service provider to develop the Staff Action Plan safeguard detail, and any internal guidance documents that outline the individual-specific protective oversight measures staff need to implement or ensure for the individual. Safeguards are necessary to provide for the individual's health and safety while participating in the habilitation service. All habilitation staff supporting the individual must have knowledge of the individual's safeguard needs.

The individual's safeguard needs must be immediately identified, and appropriate supports and services to address the individual's safeguard needs must be immediately implemented. Safeguards must be updated based on the individual's identified or changed needs. If the individual's support needs change such that a change is required in Section III Individual Safeguards/IPOP of the Life Plan, the service provider must communicate this change to the Care Manager using the CCOs HITS. This communication ensures Life Plan updates and timely communication of changes to other support givers/providers. Additionally, it is critical to ensure timely notice of significant support need changes to ensure health and safety.

a. For individuals receiving IRA Residential Habilitation, the Residential Habilitation Staff Action Plan or other internal guidance documents that outline the implementation of specific protective oversight measures must meet the requirements of the Plan for Protective Oversight in accordance with 14 NYCRR Section 686.16 and align with Section III Individual Safeguards/IPOP identified in the Life Plan.

b. For all other habilitation services, individual safeguards/IPOP needs from the Life Plan must be identified and addressed in the Staff Action Plan(s), or references other internal guidance document(s) that outline the detailed implementation of protective oversight measures. This guidance on protective oversight measures must align with the overarching Section III Individual Safeguards/IPOP articulated in the Life Plan.

   Information on the individual safeguards/IPOP needs must be readily available to the habilitation service provider staff. Any change in an individual's safeguard/IPOP needs must be addressed immediately and communicated to the Care Manager and all service providers.

c. As required in 14 NYCRR Part 633, the medication records are distinct and separate from the Staff Action Plan. The Staff Action Plan references the medication records as containing important health related information when applicable. If the habilitation service provider is teaching the individual to self-administer medication, this must be listed in the Life Plan. The activity of self-administering medication and related staff actions required to teach this skill must appear in the Staff Action Plan.

d. Providers of Residential Habilitation must have written procedures for providing back-up supports to individuals when the absence of the provider's regularly scheduled staff would pose a threat to the individual's health or safety. For IRAs, this information must be included in site-specific Plans for Protective Oversight and Staff Action Plans, as appropriate.

Staff Action Plan Format:

An optional Staff Action Plan Format has been issued with this memorandum. Providers may use this format or create their own, so long as the Staff Action Plan includes the minimum information as described in this ADM. Habilitation providers must write plans that not only include the information required by this memorandum, but also clearly communicate information to the habilitation staff and illustrate the steps staff are to take to address the individual's needs.

Staff Action Plans with Multiple Services

Staff Action Plans may include multiple habilitation services, if all included services are provided by the same agency.

For Staff Action Plans that incorporate multiple habilitation services, the Staff Action Plan must have a separate section that describes the supports and services associated with each service. When the same support/service is delivered in multiple habilitation services, the service/staff action must be identified in each supports and services section of the Staff Action Plan.

For each habilitation service described in the Staff Action Plan, one staff from each habilitation service must assist with writing the plan and include his/her name, title, signature, and signature

date on the Staff Action Plan. Evidence of a Staff Action Plan review must include a staff signature from each habilitation service.

Staff Action Plan Billing Standards:

The following standards define the documentation which must be retained to support service claims by the habilitation provider.

For every habilitation service, an individual must have a Staff Action Plan that contains the:

1) Individual's name;
2) Individual's Medicaid Client Identification Number (CIN) (if the individual is enrolled in the OPWDD HCBS Waiver);
3) Habilitation service provider's agency name;
4) Name of habilitation service(s) provided (e.g., Residential Habilitation or Day Habilitation);
5) Date (day, month, and year) of the Life Plan meeting, or Staff Action Plan review, from which the Staff Action Plan was developed/revised;
6) Identification of the goals/valued outcomes (My Goal) from the individual's Life Plan;
7) Identification of the provider assigned (habilitative/safeguard) goal(s) from the individual's Life Plan;
8) Description and frequency of the service(s) and support(s) (e.g., teaching laundry skills weekly) the habilitation staff will provide to the individual;
9) Safeguards (i.e., compilation of all supports and services needed for an individual to remain safe, healthy and comfortable across all settings) that will be provided by the habilitation service provider, which may be a reference to internal guidance documents that further define the safeguards;
10) Printed name(s), signature(s) and title(s) of the staff who wrote the Staff Action Plan;
11) Date (day, month, and year) that staff signed the Staff Action Plan; and
12) Evidence demonstrating the Staff Action Plan was distributed no later than 60 days after: the start of the habilitation services; the life plan review date; or the development of a revised/updated Staff Action Plan, whichever comes first (which may include, but is not limited to: a monthly narrative note; a HITS upload; or e-mail).

There must be evidence that the Staff Action Plan was reviewed at least twice annually. Evidence of a review may include, but is not limited to a:

1) Review sign-in sheet;
2) Service note indicating a review took place; and/or
3) Revised/updated Staff Action Plan.

Evidence of reviews must include the:

1) Individual's name;
2) Habilitation service(s) under review;
3) Staff signature(s) from the habilitation service(s);
4) Date of the staff signature(s); and

5) Date of the review.

The initial Staff Action Plan must be in place no later than 60 days of the start of the habilitation service, or the Life Plan review date, whichever comes first. Therefore, services that are provided no later than the first 60 days of the start of the habilitation service might not have a Staff Action Plan in place.

Records Retention:

New York State regulations require each Medicaid provider to prepare records to demonstrate its right to receive Medicaid payment for a service. These records must be "contemporaneous" and retained for six years from the date the service was provided.

All documentation specified above, including the ISP/Life Plan, Habilitation Plan/Staff Action Plan, and service documentation must be retained for a period of at least six years from the date the service was delivered or when the service was billed, whichever is later.

Technical Assistance:

For questions regarding this memorandum, please contact the Division of Person-Centered Supports, Waiver Unit at: peoplefirstwaiver@opwdd.ny.gov.

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