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OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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ADMINISTRATIVE MEMORANDUM - #2002-02

TO: Executive Directors of Agencies providing Supported Employment Services
Executive Directors of Agencies providing Medicaid Service Coordination

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SUBJECT: Supported Employment Service Delivery and Documentation Requirements

DATE: September 17, 2002

Suggested Distribution:

Program/Service Staff
Quality/Compliance Staff
Billing Department Staff
MSC Service Coordinators

Purpose:

This is to review the service delivery and documentation requirements for Supported Employment services delivered on or after October 1, 2001. These criteria apply to Supported Employment services rendered to Home and Community Based Service (HCBS) waiver enrolled individuals as well as to non-enrolled individuals. In addition to the requirements that became effective October 1, 2001, **a policy change on the location of service visits to employed individuals will go into effect on October 1, 2002.** This change is addressed in the New Policy on Service Delivery Location and Supported Employment Standards sections below. The service documentation requirements set forth in this Administrative Memorandum supersede fiscal audit service documentation requirements addressed in The Key to Individualized Services (1997), OMRDD's HCBS waiver policy manual. Quality service standards in The Key remain the same.

Background:

Title 14 of the Official Compilation of Codes, Rules and Regulations of the State of New York Part 635-10.5 includes requirements applicable to supported employment services. Effective October 1, 2001, the regulation was changed so that reimbursement would be based on a monthly fee. Prior to the new regulation, reimbursement was based on an hourly fee.

The federal Centers for Medicare and Medicaid Services' (CMS) HCBS Waiver Review Protocol lists elements that must be included in the documentation of HCBS Medicaid payment claims. Based on the federal listing, this OMRDD administrative memorandum provides clarifying information on the required components of acceptable service documentation for Supported Employment Services.

Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Section 504.3 states that by enrolling in the Medicaid Program, "the provider agrees ... to prepare and to **maintain contemporaneous records** demonstrating its right to receive payment under the medical assistance program and to **keep for a period of six years from the date the care, services or supplies were furnished, all records** necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider and to furnish such records and information, upon request to ... the Secretary of the United States Department of Health and Human Services, the Deputy Attorney General for Medicaid Fraud Control and the New York State Department of Health." It should be noted that there are other entities with rights to audit Medicaid waiver claims as well, such as OMRDD.

New Policy on Service Delivery Location:

On October 1, 2002, a new policy will take effect that requires that supported employment staff provide a minimum of two face-to-face documented services per month at the consumer's work site. Current policy requires that employed consumers receive a minimum of two face-to-face services per month from supported employment staff, but only one of these services must be provided at the consumer's work site. This policy change has been instituted for the following reasons: (1) to maintain consistency with requirements of other New York state agencies that provide supported employment funding; (2) to maintain consistency with the federal regulations pertaining to supported employment; (3) to reduce confusion in the field; and (4) to focus the supported employment service on job site issues. This change in policy is also consistent with OMRDD requirements prior to the October 1, 2001 supported employment conversion.

In rare situations, if the employed individual does not want the job coach to visit him/her at the work site, the supported employment agency can request a waiver from the work-site visit. The agency must send the request to the DDSO Supported Employment Coordinator stating the reason the consumer does not want the job coach at the work site, as well as identifying the supports and services that will be provided to assist the consumer in achieving his/her valued outcomes. The DDSO will determine if the waiver will be granted. If a waiver is granted, the supported employment provider must maintain a copy of the waiver in the consumer's record.

Supported Employment Standards:

The unit of service for Supported Employment Services is a calendar month.

Requirements for reimbursement depend on the employment status of the consumer:

- 1) To bill a month for an eligible **employed** consumer, the supported employment staff must render at least **two services provided face-to-face** with the consumer on separate days as specified in the consumer's Supported Employment Plan, and if required, the ISP. These face-to-face services must be documented and must be provided at the consumer's job site unless a written waiver has been granted by the DDSO.
- 2) To bill a month for an eligible consumer who doesn't have a job anytime during the month, the provider must actively engage in preparatory and placement activities leading to competitive employment or reemployment. The supported employment staff must render, on separate days, at least **four** such documented supported employment services, as specified in the Supported Employment Plan and if required, the ISP. At least **two** of these services by supported employment staff must be delivered in **face-to-face** contacts with the consumer.

Special Notes:

- A) Only **one** provider of supported employment services may claim for a service fee for an eligible person in a given calendar month.
- B) Reimbursement is contingent upon OMRDD's prior approval of HCBS waiver supported employment service to the person and documentation that the service is provided in accordance with the consumer's ISP and Supported Employment Plan.

Service Documentation Requirements:

Service documentation is necessary, at a minimum, for each of the services required for monthly billing. Documentation of services delivered must include the following required elements:

1. Consumer's name and Medicaid number (CIN). (Note that the CIN need not be included in daily documentation, rather it can appear in the consumer's Supported Employment Plan).
2. Identification of category of waiver service provided (i.e. Supported Employment).
3. **A description of the individualized service provided by supported employment staff**, which is based on the person's Supported Employment Plan (e.g. a staff person documents that she "instructed the person how to answer common job interview questions").
4. A statement regarding whether the service was delivered in a "**face-to-face**" contact with the consumer.

5. The consumer's response to the service (e.g. "The staff person documents that based on the staff person's instructions on answering common interview questions, the consumer was successful in her job interview."). At a minimum, the consumer response must be documented in a monthly summary note. However, a provider may choose to include the consumer response each time a supported employment service is rendered.
6. The date the service was provided.
7. The primary service location (e.g. Madison Avenue Price Chopper).
8. Verification of service provision **by the supported employment staff person delivering the service.**
9. The signature and title of the staff person writing the note.
10. The date the note was written. (Medicaid rules require that the note must be contemporaneous to the service provision.)

Note: If the consumer experiences a significant life change, there should also be a note in the record assessing the impact of this change, any changes to valued outcomes, etc.

General Documentation Requirements:

In addition to the service notes supporting each monthly Supported Employment claim, the supported employment agency must maintain the following documentation:

- For consumers receiving MSC and/or enrolled in the HCBS waiver, a copy of the consumer's **ISP**, covering the time period of the payment claim, developed by the consumer's Medicaid Service Coordination (MSC) or Plan of Care Support Services (PCSS) service coordinator. The ISP must include the following elements:
 1. The category of waiver service provided (i.e. Supported Employment Service) and identification of the supported employment agency delivering the service as provider of the service.
 2. Valued Outcome of the person receiving services (i.e. the person's objective).
 3. Frequency and duration. The ISP should specify that the frequency of supported employment is "monthly" and the duration is "ongoing."
 4. The effective date for Supported Employment Services (i.e. the date the consumer was enrolled in Supported Employment Services). This date must be on or before the first date of service that the supported employment agency bills for supported employment services.
- The **Supported Employment Plan** developed by the supported employment agency. The plan must cover the time period of the payment claim. For consumers requiring an ISP, the Supported Employment Plan is attached to the person's ISP. The following elements must be included:
 1. The category of waiver service provided (i.e. Supported Employment Service) and designation of the agency providing the supported employment service as provider of the service.
 2. Valued Outcome of person receiving services (same as in ISP).

3. Frequency, duration, and effective date (same as in ISP).
4. Review Date. (The Supported Employment Plan must be reviewed every six months.).
5. Individualized Range of Service Frequency (e.g., for an employed consumer supported employment staff will provide from 2 to 8 services during the month.)
6. Locations where the service will be provided.
7. Description of the individualized supported employment services.
8. Safeguards to be taken by the provider to ensure person's health and safety if necessary.
9. Signature and title of the supported employment staff person writing the plan and the date the plan was written or updated.

Documentation Retention:

All documentation specified above, including ISPs, Supported Employment Plans, and daily service documentation, must be retained for a period of at least six years from the date of the service billed.

Notification:

For those services delivered on or after October 1, 2001, OMRDD is reviewing supported employment service claims utilizing the service delivery and documentation requirements contained in this administrative memorandum. For services delivered on or after October 1, 2002, the location of service provision for employed consumers must be in compliance with the new policy discussed in the New Policy on Service Delivery Location and Supported Employment Standards sections.

For additional information, contact Ms. Carol Metevia, Director of Medicaid Standards and Control at (518) 408-2096 or Mr. Kevin O'Dell, Director of Waiver Management at (518) 474-5647.

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