



STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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ADMINISTRATIVE MEMORANDUM - #2003-05

TO: Executive Directors of Agencies Authorized to Provide Prevocational Habilitation Services
Executive Directors of Agencies Authorized to Provide Medicaid Service Coordination
DDSO Directors

FROM: Jan Abelseth, Deputy Commissioner
Quality Assurance

Gary Lind, Director
Policy, Planning and Individualized Initiatives

James F. Moran, Interim Deputy Commissioner
Administration and Revenue Support

SUBJECT: PREVOCAATIONAL SERVICES DOCUMENTATION REQUIREMENTS

DATE: December 5, 2003

Suggested Distribution:

Prevocational Services Staff
Quality/Compliance Staff
Billing Department Staff
MSC Service Coordinators and Service Coordinator Supervisors

Purpose:

This is to review the Prevocational Services documentation requirements that support a provider's claim for reimbursement. These service documentation criteria apply to Prevocational services rendered to Home and Community Based Services (HCBS) waiver-enrolled individuals as well as to non-waiver enrolled individuals. Requirements set forth in this Administrative Memorandum supersede fiscal audit service documentation requirements addressed in The Key to Individualized Services, The Home and Community Based Services Waiver (OMRDD, 1997). Quality service standards in The Key remain the same.

Background:

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

The regulatory basis for HCBS Waiver Prevocational Services is in 14 NYCRR section 635-10.4 (c) and 635-10.5 (e).

Prevocational Services:

The billing unit of service for Prevocational Services is a day, although the length of that day may vary by consumer. To bill for **each** day of service, Prevocational Services staff must deliver and daily document at least one face-to-face individualized prevocational service delivered in accordance with the individual’s ISP and Prevocational Services Plan.

Service Documentation:

Medicaid rules require that service documentation be contemporaneous with the service provision.

Required service documentation elements are:

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 Prevocational Services Plan).
2. Identification of category of waiver service provided (i.e. Prevocational Services).
3. **A daily description of at least one face-to-face service provided by staff**, which is an individualized service based on the person’s Prevocational Services Plan (e.g. the staff person documents that he/she “taught the person how to return from breaks and lunch by using his watch to keep track of the time”).
4. The consumer’s response to the service (e.g. the staff person documents that “ the consumer is returning from breaks on time”) (Note: at a minimum, the consumer response must be documented in a monthly summary note, though a provider may choose to include the consumer response more frequently, e.g. daily).
5. The date the service was provided.
6. The primary service location (e.g. Maple Avenue Workshop).
7. Verification of service provision **by the Prevocational Services staff person delivering the service** (Initials are permitted, if a “key” is provided which identifies the title, signature and full name associated with the staff initials).
8. The signature and title of the Prevocational Services staff person documenting the service.
9. The date the service was documented (must be contemporaneous with service provision).

The acceptable format for the service documentation supporting a provider's billing submittal is either a narrative note or a checklist/chart with an entry made contemporaneously for each day the prevocational service is delivered and billed.

Narrative Note Format

If the narrative note format is selected, the documentation can be completed in one of two ways:

1. A daily service note describing at least one face-to-face individualized service delivered by Prevocational Services staff. The note does not include the consumer's response to the service. If this format is selected, a monthly summary note is required. This monthly note must summarize the implementation of the individual's Prevocational Services Plan, address the consumer's response to the services provided and any issues or concerns; **OR**
2. A daily service note describing at least one face-to-face individualized service delivered by Prevocational Services staff and the consumer's response to the service delivery. Additionally, at least one of the daily notes written during the month must summarize the implementation of the individual's Prevocational Services Plan and address any issues or concerns.

Checklist / Chart Format

A provider may elect to document at least one face-to-face individualized Prevocational Service delivered by Prevocational Services staff each day service is delivered using a checklist or chart. If this format is selected, a monthly summary note is also required. The monthly summary note must summarize the implementation of the individual's Prevocational Services Plan; address the consumer's response to services provided and any issues or concerns.

Both the Narrative Note format and the Checklist/Chart format must include all the Service Documentation elements listed above, including a description of at least one face-to-face individualized service provided by Prevocational Services staff each day the provider bills Prevocational Services.

Other Documentation Requirements:

In addition to the service note(s) supporting the Prevocational Service billing claim, your agency must maintain the following documentation:

- ✓ A copy of the consumer's Individualized Service Plan (ISP), covering the time period of the claim, developed by the consumer's Medicaid Service Coordinator (MSC) or Plan of Care Support Services (PCSS) service coordinator. The ISP must specify the category of waiver service that your agency is providing (i.e. Prevocational Services) and must designate your agency as the provider of the service. Further, the ISP must specify an effective date for Prevocational Services that is on or before the first date of service for which your agency bills Prevocational Services for the consumer.

- ✓ The Prevocational Services Plan developed by your agency that conforms to the Habilitation Plan requirements found in ADM 2003-03. The Prevocational Services Plan must “cover” the time period of the Prevocational service claim. Note that the consumer’s Prevocational Services Plan is attached to his/her ISP.

Documentation Retention:

All documentation specified above, including the ISP, Prevocational Services Plan and service documentation, must be retained for a period of at least six years from the date of the service billed. Diagnostic information and other clinical records are generally maintained for a longer period of time and are not the subject of this memorandum.

For additional information on the documentation requirements or to request samples of documentation checklist formats, contact Ms. Carol Metevia, Director of Training and Medicaid Standards at (518) 408-2096, or Mr. Kevin O’Dell, Director of Waiver Management at (518) 474-5647.

cc: Provider Associations
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