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**ADMINISTRATIVE MEMORANDUM - #2004-01**

**TO: Executive Directors of Agencies Authorized to Provide At-Home Residential Habilitation Services  
Executive Directors of Agencies Authorized to Provide Medicaid Service Coordination  
DDSO Directors**

**FROM: Jan Abelseth, Deputy Commissioner  
Division of Quality Assurance**

**Gary Lind, Director  
Policy, Planning and Individualized Initiatives**

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

**SUBJECT: AT-HOME RESIDENTIAL HABILITATION SERVICE DOCUMENTATION REQUIREMENTS**

**DATE: March 8, 2004**

**Suggested Distribution:**

At-Home Residential Habilitation Program/Service Staff  
Quality/Compliance Staff  
Billing Department Staff  
MSC Service Coordinators and Service Coordinator Supervisors

**Purpose:**

This is to review the At-Home Residential Habilitation service documentation requirements that support a provider's claim for reimbursement. These service documentation criteria apply to At-Home Residential Habilitation 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 At-Home Residential Habilitation is in 14 NYCRR section 635-10.4(b)(1) and 635-10.5(b)(13)-(16).

**At-Home Residential Habilitation Services:**

The billing unit of service for At-Home Residential Habilitation is a day, although the length of that day may vary by consumer. To bill for each day of service, At-Home Residential Habilitation staff must deliver and daily document at least one face-to-face individualized At-Home Residential Habilitation service for each continuous time period of At-Home Residential Habilitation delivered. For example, if At-Home Residential Habilitation is provided 7:00 a.m. – 9:00 a.m. and 4:00 p.m. – 6:00 p.m. on a given day, there must be documentation of at least one service for the 7:00 a.m. – 9:00 a.m. block of time and documentation of at least one service delivered for the 4:00 p.m. – 6:00 p.m. block of time. As part of this required contemporaneous daily service documentation, the provider must specify the number of service hours that were delivered on any day of service billed. In this example, there would be a total of four hours of service recorded. For information on annual service hour requirements and OMRDD audits of At-Home Residential Habilitation prices, refer to ADM #2004-02.

**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 Residential Habilitation Plan).
2. Identification of category of waiver service provided (i.e. At-Home Residential Habilitation).
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 Residential Habilitation Plan (e.g. the staff person documents that he/she “taught the consumer how to buy nutritious foods for his meals”).
4. The consumer’s response to the service (e.g. the staff person documents that “the consumer was able to select nutritious food items at the grocery store”) 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 number of service hours delivered (also see ADM #2004-02 for information on annual service hour requirements).
7. The primary service location (i.e. consumer's residence).
8. Verification of service provision **by the At-Home Residential Habilitation 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).
9. The signature and title of the At-Home Residential Habilitation staff person documenting the service.
10. 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 At-Home Residential Habilitation 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 At-Home Residential Habilitation 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 Residential Habilitation 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 At-Home Residential Habilitation 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 Residential Habilitation Plan and address any issues or concerns.

#### Checklist / Chart Format

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

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

**Other Documentation Requirements:**

In addition to the service note(s) supporting the At-Home Residential Habilitation billing claim, your agency must maintain the following documentation:

- ✓ A record of service hours delivered on each day At-Home Residential Habilitation is billed.
- ✓ For the time period of the claim, a copy of the consumer’s Individualized Service Plan (ISP) 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. At-Home Residential Habilitation) and must designate your agency as the provider of the service. Further, the ISP must specify an effective date for At-Home Residential Habilitation that is on or before the first date of service for which your agency bills At-Home Residential Habilitation for the consumer.
- ✓ The Residential Habilitation Plan developed by your agency that conforms to the Habilitation Plan requirements found in ADM #2003-03. The Residential Habilitation Plan must “cover” the time period of the At-Home Residential Habilitation service claim. Note that the consumer’s Residential Habilitation Plan is attached to his/her ISP.

**Documentation Retention:**

All documentation specified above, including the ISP, Residential Habilitation 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.

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