

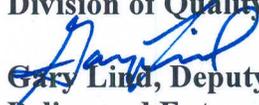
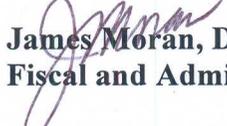


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**ADMINISTRATIVE MEMORANDUM - #2009-01**

**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:**  Sheila McBain, Deputy Commissioner  
Division of Quality Management  
 Gary Lind, Deputy Commissioner  
Policy and Enterprise Solutions  
 James Moran, Deputy Commissioner  
Fiscal and Administrative Solutions

**SUBJECT:** AT HOME RESIDENTIAL HABILITATION (AHRH) SERVICE DOCUMENTATION REQUIREMENTS

**DATE:** Effective February 1, 2009

**Suggested Distribution:**

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

**Purpose:**

This Administrative Memorandum describes the At Home Residential Habilitation (AHRH) service documentation requirements that support a provider's claim for reimbursement. These requirements apply both to services that are managed exclusively

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by a provider agency and for At Home Residential Habilitation services that are self or family directed. These requirements apply to services delivered on or after February 1, 2009, whether the services are delivered to individuals who are enrolled in the Home and Community Based Services (HCBS) waiver or to non-waiver enrolled individuals. Requirements set forth in this Administrative Memorandum supersede Administrative Memorandum 2004-01, Administrative Memorandum 2004-02, and 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 14 NYCRR section 635-10.4(b)(1) and 635-10.5(b)(15), (17) and (19), (20) and (21).

**At Home Residential Habilitation Services:**

This memorandum describes the service documentation requirements for At Home Residential Habilitation (AHRH). AHRH services are provided to individuals who do not reside in a residence which is certified or operated by OMRDD. AHRH services must be delivered at the individual’s home, or be initiated or concluded there. Payment for At Home Residential Habilitation requires, for each individual served, prior authorization from the DDSO/Service Delivery and Development Region 2 (formerly NYCRO).

At Home Residential Habilitation has four different fee structures based on the staff to individual ratio at the time of service delivery. These fee structures are one staff to one individual, one staff to two individuals, one staff to three individuals, and one staff to four or more individuals. For example, time when one AHRH staff person is delivering services to one individual is billed differently than services which are delivered by one staff person to two individuals. Agencies must maintain documentation that validates that services were billed based on the correct staff to individual ratio.

**Billing Standard:**

The unit of service for At Home Residential Habilitation services is an hour. Services are billed in 15-minute increments, with a full 15 minutes of service required to bill a single increment (i.e., there is no “rounding up”).

For each continuous period of service delivery (or “session”), the provider must document the delivery of at least one individualized, face-to-face service provided by AHRH staff that is based on the individual’s At Home Residential Habilitation Plan. The provider must also document the service start time and service stop time for each At Home Residential Habilitation “session.” The *billable service time* for At Home Residential Habilitation is the time when AHRH staff are providing face-to-face AHRH services to an individual.

For example, an individual may receive At Home Residential Habilitation services for a one-hour session in the morning from 9:00 a.m. to 10:00 a.m. and again for a two-hour session in the afternoon from 3:00 p.m. to 5:00 p.m. For the morning session, the AHRH staff must contemporaneously document the service start time (9:00 a.m.) and the service stop time (10:00 a.m.), and document the provision of at least one face-to-face service which is drawn from the individual’s At Home Residential Habilitation Plan. For the afternoon session, the At Home Residential Habilitation staff must contemporaneously document the service start time (3:00 p.m.) and service stop time (5:00 p.m.), and document the provision of at least one face-to-face service, which is drawn from the individual’s At Home Residential Habilitation Plan.

Time spent receiving another Medicaid service cannot be counted toward the At Home Residential Habilitation billable service time, except as follows:

- The individual may receive Hospice at the same time as AHRH services.
- The individual may receive Personal Care, Home Health Aide, or nursing services at the same time as AHRH services. This is only in cases where the At Home Residential Habilitation Plan describes supports and services that are distinct and separate from the supports and services being provided by the Personal Care, Home Health Aide, or nursing staff.
- Time that the individual spends with his/her MSC Service Coordinator during face-to-face visits may be included as AHRH billable service time as long as At Home Residential Habilitation staff are present.

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- Time that the individual is at a medical appointment with a physician (including a psychiatrist), a nurse practitioner, or physician assistant, or at a dental appointment as long as AHRH staff are with the individual at these appointments. Transportation to and from the medical appointment may also be counted as long as staff accompany the individual and Medicaid is not being charged separately for a transportation attendant for the trip.
- Time that the individual is at an appointment for a clinical service of the type described below and staff are with the individual in order to facilitate the implementation of therapeutic methods and treatments in the home. The allowable types of clinical services are occupational therapy, physical therapy, speech therapy, psychology, dietetics and nutrition, and social work. The time when an individual is being transported to and from the appointment may also be counted as long as the staff accompanies the individual and Medicaid is not being charged for a transportation attendant for the trip. Payment for AHRH services delivered concurrently with these clinical services is contingent upon the need for the AHRH staff's participation in the specified clinical service being described in the individual's AHRH Plan.

Note: For each calendar year, reimbursement is available for AHRH staff to participate in no more than 12 clinical appointments per person, per clinical service type.

**Service Documentation:**

**Medicaid rules require that service documentation be contemporaneous with the service provision.** Required service documentation elements are:

1. **Individual's name and Medicaid number (CIN).** Note that the CIN need not be included in daily documentation; rather, it can appear in the individual's At Home Residential Habilitation Plan.
2. **Identification of category of waiver service provided.** For billing and service documentation purposes, the individual's Individualized Service Plan (ISP) should identify the category of waiver service as "At Home Residential Habilitation."
3. **A daily description of at least one face-to-face service provided by staff during each "session" (or continuous period of At Home Residential Habilitation service provision).** Face-to-face services are individualized services based on the person's At Home Residential Habilitation Plan, e.g., the staff person documents that he/she "taught the individual to follow instructions in a recipe."

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4. **Documentation of start and stop times.** The provider must document the service start time and service stop time for each continuous period of AHRH service provision or “session.”
5. **Documentation of the staff-to-individual ratio.** The provider must document if a staff person was serving one individual, two individuals, three individuals, or four or more individuals at the time of service delivery.
6. **The individual’s response to the service.** For example, the staff person documents that “the individual was able to measure all ingredients for the recipe.” Note: This element of the documentation does not have to be recorded for every service session as long as the individual response is documented in a monthly summary note. A provider may choose to include the individual response more frequently, e.g. daily.
7. **The date the service was provided.**
8. **The primary service location** (i.e. the individual’s residence). Documentation must verify that AHRH services were delivered, initiated, or concluded in the individual’s residence.
9. **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.
10. **The signature and title of the At Home Residential Habilitation staff person documenting the service.**
11. **The date the service was documented.** Note that this date must be concurrent 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 at the same time each AHRH service is delivered.

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 AHRH staff for each AHRH “session.” The note does not include the individual’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

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individual's At Home Residential Habilitation Plan, address the individual'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 for each At Home Residential Habilitation "session" and the individual's response to the service delivery. Additionally, at least one of the daily notes written during the month must summarize the implementation of the person's At Home Residential Habilitation Plan and address any issues or concerns.

Checklist / Chart Format

For each service session, a provider may elect to document the face-to-face At Home Residential Habilitation service delivered by AHRH staff 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 At Home Residential Habilitation Plan; address the individual'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 At Home Residential Habilitation staff for each At Home Residential Habilitation session. The start and stop time for each At Home Residential Habilitation "session" must also be documented.**

**Other Documentation Requirements:**

In addition to the service note(s) supporting the AHRH billing claim, the agency providing AHRH services must maintain the following documentation:

- ✓ A copy of the individual's **Individualized Service Plan (ISP)**, covering the time period of the claim, developed by the individual's Medicaid Service Coordinator (MSC) or Plan of Care Support Services (PCSS) Service Coordinator. For At Home Residential Habilitation, the ISP identifies the category of waiver service as "At Home Residential Habilitation." The ISP must also identify the agency providing the AHRH services as the At Home Residential Habilitation provider. The ISP must specify an effective date for At Home Residential Habilitation that is on or before the first date of service for which the agency bills At Home Residential Habilitation for the individual. The frequency for At Home Residential Habilitation is an *hour*.
- ✓ If an individual chooses to family-direct all or part of his or her At Home Residential Habilitation services and receives any additional OMRDD services outside of the home, then at least one representative from the outside service(s) must participate at least annually in the individual's ISP review.

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- ✓ The **At Home Residential Habilitation Plan** developed by the agency providing AHRH services that conforms to the Habilitation Plan requirements found in ADM #2003-03. For At Home Residential Habilitation, the habilitation plan is entitled “At Home Residential Habilitation Plan.” The At Home Residential Habilitation Plan must “cover” the time period of the AHRH claim. Note that the individual’s At Home Residential Habilitation Plan is attached to his/her ISP.
- ✓ If an individual chooses to self-direct or family-direct part of his or her AHRH services, the agency providing AHRH services only needs to maintain one At Home Residential Habilitation Plan.

The management of self-directed or family-directed services must be described in a co-management agreement between the person, the AHRH provider and, if one exists, an identified adult.

**Documentation Retention:**

All documentation specified above, including the ISP, At Home 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.

**Fiscal Audit:**

In an OMRDD fiscal audit, an At Home Residential Habilitation claim for a sampled individual will be selected and the auditor will typically ask for the ISP and At Home Residential Habilitation Plan in effect for the claim date. The auditor will also require, for the claim dates, the service documentation specified above.

For additional information on the documentation requirements or to request samples of documentation checklist formats and a co-management agreement, contact the OMRDD Director of Medicaid Standards at (518) 408-2096, or the OMRDD Director of Waiver Management at (518) 474-5647.

cc: Provider Associations  
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