



## Executive Office

44 Holland Avenue  
Albany, NY 12229-0001

TEL: 518.473.1997  
FAX: 518.473.1271  
TTY: 866.933.4889

omr.state.ny.us

# ADMINISTRATIVE MEMORANDUM -- #2009-02

**TO: Executive Directors of Agencies Authorized to Act as Fiscal Employer Agents (FEA) for OMRDD Consolidated Supports and Services (CSS)**

**Executive Directors of Agencies Authorized to Provide Medicaid Service Coordination for Participants using CSS Services**

**DDSO Directors**

**FROM: Gary Lind, Deputy Commissioner Policy and Enterprise Solutions**

**Sheila McBain, Deputy Commissioner Quality Management**

**James F. Moran, Deputy Commissioner Fiscal and Administrative Solutions**

**Stephen Smits, Associate Commissioner Region 1, Service Delivery and Integrated Solutions**

**SUBJECT: CONSOLIDATED SUPPORTS AND SERVICES SERVICE DOCUMENTATION REQUIREMENTS**

**DATE: August 20, 2009**

**Suggested Distribution:**

- FEA fiscal managers and billing staff
- Individuals participating in CSS
- Circle of support members
- CSS start-up/support broker agencies
- CSS contracted start-up brokers
- CSS contracted support brokers
- Medicaid service coordinators (MSC) and MSC supervisors who serve individuals using CSS services or plan to do so
- DDSO Community Support Offices

**Purpose:**

Consolidated Supports and Services (CSS) is the Home and Community Based Services (HCBS) Waiver option used to create individualized services through person-controlled, portable budgets. CSS provides an additional opportunity for people with developmental disabilities to lead richer lives with a continued focus on four basic person-centered outcomes: living in the home of their choice; an increased ability to work or engage in activities that contribute to personal growth and to community participation; developing and maintaining meaningful relationships with friends, family and others in their lives; and maintaining good health.

This Administrative Memorandum (ADM) specifies the CSS service documentation requirements that permit a Fiscal Employer Agent (FEA) as the Medicaid provider of record to bill eMedNY (Medicaid) or OMRDD and obtain Medicaid or OMRDD funds to place into CSS participants' individual accounts. Funds in these individual accounts are used by the FEA to cover approved CSS expenses. This ADM addresses documentation requirements related to CSS services. Other supports provided through CSS (e.g., rent subsidies) are addressed in the *"Consolidated Supports and Services: A Guidance Manual for Fiscal Employer Agents."*

### **Background:**

18 NYCRR, Section 504.3(a) states that by enrolling in the Medicaid program, "the provider agrees ... to prepare and **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." In addition, 18 NYCRR, Section 517.3(b)(2) states that "All information regarding claims for payment submitted by or on behalf of the provider is subject to audit for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later." It should be noted that there are other entities with rights to audit Medicaid waiver claims as well, such as governmental agencies, including, but not limited to, the Office of the Medicaid Inspector General and OMRDD.

**The FEA is recognized as the CSS provider of record by the Medicaid program. As such, the FEA is responsible for ensuring that appropriate documentation is maintained to substantiate claims made to Medicaid and OMRDD.**

### **CSS Billing Standards:**

The unit of service for CSS is a calendar month. The monthly price billed to Medicaid represents one-twelfth of the annual budget for the participant. Service hours and expenditures may vary from month to month. The twelve months of expenditures and the participant's annual budget are reconciled at the end of the year.

The FEA as the Medicaid service provider determines whether minimum standards have been provided to bill a full month or a half month for a CSS participant based on the following:

To bill for a full month of CSS service:

1. The FEA, as the Medicaid provider of record, must have documentation which verifies that the CSS participant received at least four (4) face-to-face countable services, each provided on a separate day during the month. A countable face-to-face service is a service or action that is delivered and documented by staff or a contractor/vendor based on the CSS participant's needs as defined in his/her *Consolidated Supports and Services (CSS) Plan*. A copy of the *CSS Plan* is attached to this ADM.
2. The four (4) face-to-face countable services must be documented on the *CSS Employee Time Sheet/Daily Service Record*, and/or the *CSS Invoice/Service Record for Contracted/Vendor Services*,

ADMINISTRATIVE MEMORANDUM #2009-02  
Consolidated Supports and Services Service Documentation Requirements  
August 2009

or a form containing the same elements that is developed by the FEA and approved by OMRDD prior to use. These service documentation records must be signed and dated contemporaneously with service delivery by the staff person or vendor who provided the service. The record of service must also be countersigned by the CSS participant or by his/her designee. This countersignature does not need to be contemporaneous, but the signature and date should be provided as soon as possible after the provision of service.

3. The FEA bills eMedNY (Medicaid) and/or OMRDD for a month of CSS based on receipt of the *CSS Employee Time Sheet/Daily Service Record* and/or the *CSS Invoice/Service Record for Contracted/Vendor Services*. These documents must individually or collectively document that the CSS participant received at least four (4) countable face-to-face services, each provided on a separate day of the month.
4. The CSS Monthly Summary Note must be prepared and submitted every month by the participant and/or his/her designee. The FEA must receive and retain, for each month when service is billed, this *CSS Monthly Summary Note* written, signed and dated contemporaneously by the CSS participant and/or his/her chosen designee.

To bill for a half month of CSS service:

1. The FEA, as the Medicaid provider of record, must have documentation which verifies that the CSS participant received at least two (2) face-to-face countable services, each provided on a separate day during the month. A countable face-to-face service is a service or action that is delivered and documented by staff or a contractor/vendor based on the CSS participant's needs as defined in his/her *Consolidated Supports and Services (CSS) Plan*. A Copy of the *CSS Plan* is attached to this ADM.
2. The two (2) face-to-face countable services must be documented on the *CSS Employee Time Sheet/Daily Service Record*, and/or the *CSS Invoice/Service Record for Contracted/Vendor Services*, or a form containing the same elements that is developed by the FEA and approved by OMRDD prior to use. These service documentation records must be signed and dated contemporaneously with service delivery by the staff person or vendor who provided the service. The record of service must also be countersigned by the CSS participant or by his/her designee. This countersignature does not need to be contemporaneous, but the signature and date should be provided as soon as possible after the provision of service.
3. The FEA bills eMedNY (Medicaid) and/or OMRDD for a half month of CSS based on receipt of the *CSS Employee Time Sheet/Daily Service Record* and/or the *CSS Invoice/Service Record for Contracted/Vendor Services*. These documents must individually or collectively document that the CSS participant received at least two (2) countable face-to-face services, each provided on a separate day of the month.
4. The CSS Monthly Summary Note must be prepared and submitted every month by the participant and/or his/her designee. The FEA must receive and retain, for each month when service is billed, this *CSS Monthly Summary Note* written, signed and dated contemporaneously by the CSS participant and/or his/her chosen designee.

### **Rules Governing Inpatient Status:**

CSS staff or vendors cannot provide countable services or bill for services on days that the CSS participant is an in-patient in a hospital or is temporarily residing in a skilled nursing facility, a rehabilitation facility, an Intermediate Care Facility (ICF), or other certified, licensed or government funded residential health related facility. The FEA may not use any services provided on days that the CSS participant is an in-patient in a hospital or is temporarily residing in a skilled nursing facility, a rehabilitation facility, an Intermediate Care Facility (ICF) or other certified, licensed or government funded residential health related facility as one of the four (4) face-to-face countable services required for monthly Medicaid billing (or two (2) countable face-to-face services for billing a half month of CSS service.)

Note, however, that a CSS service can be provided to the CSS participant on the day of admission and the day of discharge from a hospital or health related facility as long as the service is provided outside of the hospital or health-related facility.

### **Ensuring FEA Funding Under Extraordinary Circumstances:**

On rare occasions, extraordinary circumstances (hospitalizations or temporary residence in another certified, licensed or government funded residential health related facility, loss of staff, etc.) may prevent a CSS participant from receiving the four (4) face-to-face countable services required for billing a month (or two (2) countable face-to-face services required for billing a half month) of CSS service. This will prevent the FEA from billing eMedNY (Medicaid). If, for that month, the CSS participant has legitimate expenses approved as part of his/her CSS Plan (e.g., staff expenses for services provided, a fixed monthly payment, etc.) the FEA may bill OMRDD for reimbursement. These requests for reimbursement must be submitted in a timely manner and are subject to approval by OMRDD. OMRDD will use 100% state funds rather than Medicaid dollars to reimburse the FEA. These 100% state funded services cannot be used to fulfill the “four (4) face-to-face countable services” requirement for monthly Medicaid billing or “two (2) face-to-face countable services” requirement for a half month of Medicaid billing.

### **Service Documentation Requirements:**

Documentation of each service required for monthly billing must include the following daily service elements:

1. The person’s name and Medicaid number (CIN). (Note that the CIN need not be included in daily documentation, rather it can appear in the person’s Consolidated Supports and Services Plan.)
2. Identification of category of waiver service provided (that is, Consolidated Supports and Services.)
3. The date the CSS service was provided.
4. Daily service description, defined as a description of the individualized service provided by CSS staff, based on the person’s CSS Plan. The service description must demonstrate an action by the CSS staff (for example, the staff person documents that she “instructed the person on how to answer common job interview questions.”)
5. General location of the service provided, i.e., at home and/or in the community.

6. Verification of service provision by the CSS staff person delivering the service. That is, the CSS staff person who delivered the service must sign, provide his/her work title, and include the date the service note was written, thus verifying that the service was delivered. The date the note was written must be contemporaneous to the date the CSS service was provided. In addition, the CSS participant or his/her designee must sign the completed form to verify that the service was provided. Completed and appropriately signed service documentation records must be submitted to the FEA for billing. Service documentation records submitted without the contemporaneous signature of the staff person or vendor who provided the service will result in nonpayment.

**Note:** The above six (6) elements must be included in each of the required daily service notes that substantiate a CSS claim. For full month billing, at least four (4) of these documented services must be face-to-face countable services, each provided on a separate day during the month. For half month billing, at least two (2) of these documented services must be face-to-face countable services, each provided on a separate day during the month.

7. The participant's response to the service: At least once a month in the monthly summary note, the CSS participant must describe his/her activities, progress in meeting the expectations specified in his/her CSS Plan and address any special issues or concerns that he/she may have. The participant may be assisted in preparing the monthly summary note by the designee of his or her choice.

**Note:** The CSS Monthly Summary Note must be signed and dated contemporaneously by the participant, and/or his/her chosen designee.

## **Documentation Formats:**

### Basic Forms

OMRDD has developed service documentation forms that meet the Medicaid Standards described in this Administrative Memorandum. Samples of these forms are attached to this ADM. It is recommended that the FEA use these forms; however, if an FEA chooses to develop its own forms, FEA-developed forms must receive prior approval by OMRDD. The OMRDD-developed forms are:

- CSS Employee Time Sheet/Daily Service Record is used as the time sheet for staff hired by the CSS participant and employed by the FEA (termed "self-hires"). It captures the days and hours the CSS participant's staff worked, and is used to document that the four (4) required countable face-to-face services on separate days in a given month required for a full month billing have occurred (or two (2) countable face-to-face services for billing a half month of CSS service.) (Two versions of this form are attached -- one for recording days and hours of service on a weekly basis, the other on a bi-weekly basis.)
- CSS Invoice/Service Record for Contracted/Vendor Services is used as a service record and invoice for CSS services provided by independent contractors/vendors (i.e., organizations, businesses, support brokers or others providing CSS services who are not employed by the FEA). It captures the service days and hours of independent contractors/vendors, and identifies the services provided and how these services relate to the CSS participant's valued outcomes.

- CSS Monthly Summary Note captures a participant's monthly activities which are implemented from the CSS Plan, and satisfaction with CSS services delivered during the month. This form also indicates any changes a CSS participant may want to make to his/her CSS Plan or CSS Expenses Allocation.

\*When a CSS participant receives services from his/her CSS staff person and a contractor/vendor during the month the two forms above must be submitted and must collectively document delivery of:

- ◆ to bill a full month of CSS service, four (4) face-to-face services, each provided on a separate day, or
- ◆ to bill a half month, two (2) countable face-to-face services, each provided on a separate day.

### **General Documentation Requirements:**

In addition to the service notes supporting each monthly CSS claim, the FEA must maintain the following documentation:

1. A copy of the person's Individualized Service Plan (ISP), covering the time period of the payment claim. The ISP must include the following elements:
  - A. The category of waiver service provided (that is, Consolidated Supports and Services) and identification of the Fiscal Employer Agent delivering the service as provider of the service.
  - B. Valued outcomes of the person receiving services.
  - C. Frequency and duration. The ISP must specify that the frequency of CSS is "monthly" and specify that the duration is "ongoing."
  - D. The effective date for CSS services (that is, the date the person was enrolled in CSS services). This date must be on or before the first date of service.
  
2. For all people receiving CSS services, the **CSS Plan** developed with the participant and his/her circle of support, developed in conformance with ADM 2003-03, Habilitation Plan Requirements. The plan must cover the time period of the payment claim. The following elements must be included in the CSS Plan:
  - A. The person's **(a) name and (b) Medicaid Identification Number (CIN)**.
  - B. The category of waiver service provided (that is, Consolidated Supports and Services) and designation of the agency providing the CSS FEA service as the provider of the service.
  - C. Valued Outcomes of the person receiving services (For people with an ISP, the valued outcomes are derived from the ISP.)
  - D. Date on which the plan was last reviewed.

ADMINISTRATIVE MEMORANDUM #2009-02  
Consolidated Supports and Services Service Documentation Requirements  
August 2009

- E. Locations where the service will be provided (for example, in the community and/or at the person's home.)
- F. Description of the individualized CSS services.
- G. If necessary, safeguards to be taken by the provider to ensure the person's health and safety.
- H. The contemporaneous signature and title of the CSS FEA agency representative, and the date signed, and the signature of the participant and the date signed. The participant's signature does not need to be contemporaneous, but the signature and date should be provided as soon as possible after the plan is developed. Further, for each required six month review of the CSS Plan, evidence that the review was conducted, including the signature and title of an agency staff person representing the CSS FEA agency that participated in the review, and the date of the review and any changes in the CSS Plan. If, at the six month review the participant wants to change his/her plan, he/she must complete and sign the "CSS Plan Amendment and Summary Sheet" and it must be attached to the current signed plan.

**Documentation Retention:**

All documentation specified above must be retained for a period of at least six years from the date of the CSS service billed to either eMedNY (Medicaid) or OMRDD, including:

- the *ISP*,
- the *CSS Plan*,
- the *CSS Employee Time Sheet/Daily Service Record* and/or
- the *CSS Invoice/Service Record for Contracted/Vendor Services* (individually or together documenting four (4) countable face-to-face services for billing a full month of CSS service, or two (2) countable face-to-face services for billing a half month of CSS service, provided on separate days during the month), and
- the *CSS Monthly Summary Note*.

Diagnostic information and other clinical records are generally maintained for a longer period of time and are not the subject of this ADM.

**Billing and Claiming Audit:**

In an OMRDD Billing and Claiming audit, a monthly CSS claim for sampled CSS participants served by the FEA will be selected and the auditor will ask for each participant's *ISP* and *CSS Plan* in effect for the claim date. The auditor will also require for the claim month the *CSS Employee Time Sheet/Daily Service Record* and/or the *CSS Invoice/Service Record for Contracted/Vendor Services*, and the *CSS Monthly Summary Note*. In reviewing the service notes, the auditor will determine whether the sampled claim conforms to the "Consolidated Supports and Services Billing Standards" specified on pages 2 and 3 of this Administrative Memorandum.

**Audit of Revenue and Expenditures:**

The fiscal audit of the FEA requires that all personal service expenditures are supported by and adequately documented with *CSS Employee Time Sheet/Daily Service Records* and/or the *CSS Invoice/Service Records for Contracted/Vendor Services*. Nonpersonal service expenditures must be supported by receipts, invoices, and/or bills, as well as related proof of payment. Expenditures lacking adequate supporting documentation may be subject to recovery from the FEA. All expenditures are subject to the requirements contained in the "Consolidated Fiscal Reporting and Claiming Manual." It is necessary to keep such documentation on file for a minimum of six years as a fiscal audit can review service documentation from a period of six years prior to the date of the audit.

Requirements for the Expense Allocation are explained in the "*Consolidated Supports and Services: A Guidance Manual for Fiscal Employer Agents*" and are not part of this Administrative Memorandum.

For additional information on the documentation requirements, contact OMRDD Medicaid Standards at (518) 408-2096, Innovative Solutions and Practice Implementation (CSS) at (518) 473-6255, Waiver/MSD Practice Development at (518) 474-5647, or Strategic Planning at (518) 474-4904.

Attachments

cc: Executive Deputy Commissioner  
Deputy Commissioners  
Associate Commissioners  
Provider Associations  
DDSO CSS Liaisons  
HCBS Waiver Coordinators  
David Picker  
Michael Muller  
Janis Steven  
Allen A. Schwartz  
Eugenia Haneman  
Doris Moore  
Shelly M. Okure  
Emilie Wright  
Barbara Brundage  
SANYS