



**ADMINISTRATIVE MEMORANDUM - #2014-01**

**TO:** Executive Directors of Voluntary Provider Agencies  
Executive Directors of Agencies Authorized to Provide Residential Habilitation  
Services in a Supervised IRA and/or Supervised CR  
Developmental Disabilities Regional Office and State Operations Office Directors  
Medicaid Service Coordinators and MSC Supervisors

**FROM:** Megan O'Connor-Hebert, Deputy Commissioner  
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**DATE:** May 2, 2014

**SUBJECT:** Service Documentation for Daily Residential Habilitation Services Provided in  
Supervised Individualized Residential Alternatives and Community  
Residences

**EFFECTIVE DATE: July 1, 2014**

**SUGGESTED DISTRIBUTION:**

Administrative & Clinical Staff in Supervised Individualized Residential Alternatives  
Quality Improvement Staff  
Medicaid Service Coordinators (MSCs) and Supervisors who serve residents of  
Supervised IRAs and Supervised CRs  
Regional Office Front Door Staff

Executive Office

## Purpose

This document describes the service documentation requirements for residential habilitation delivered on and after July 1, 2014 to residents of Supervised Individualized Residential Alternatives (IRAs) and Supervised Community Residences (CRs). These criteria apply to residential habilitation services delivered to residents of supervised IRAs and supervised CRs, whether or not the individuals are enrolled in the HCBS waiver. The service documentation requirements set forth below supersede fiscal audit service documentation requirements addressed in *The Key to Individualized Services*, OPWDD's HCBS Waiver Policy Manual. Quality service standards in *The Key* remain the same.

This Administrative Memorandum (ADM) supersedes the information in Administrative Memorandum #2002-01 pertaining to Supervised IRA Residential Habilitation (including Supervised CRs) only. Administrative Memorandum #2002-01 continues to remain in effect for Supportive IRA and Supportive CR Residential Habilitation.

## Background

This memorandum describes the documentation requirements for residential habilitation delivered to residents of Supervised IRAs and Supervised CRs (Supervised IRA-RH) delivered on or after July 1, 2014. As of January 1, 2010, reimbursement for residential habilitation provided in Supervised IRAs and Supervised CRs was consolidated, thus the requirements of this memorandum are applicable to residential habilitation provided both in Supervised IRAs and Supervised CRs. References to required items for "Supervised IRA" also apply to "Supervised CRs" even if they are not specifically noted, including references to Supervised IRA-RH.

Effective July 1, 2014, Supervised IRA-RH changes from a monthly unit to a daily unit of service. Supervised IRA-RH services are described in a Residential Habilitation Plan and address skill acquisition, skill retention, and the individual's need for hands-on assistance related to living in the community. These services may include, but are not limited to: adaptive skill development, assistance with activities of daily living, travel, health, adult educational supports, communication, social skills, leisure skills, money management, socially appropriate behaviors, life safety, hands-on assistance provided by staff as necessary, professional services as necessary, self-advocacy, informed choice, community inclusion, and relationship building. In addition, physical assistance, protective oversight, and supervision can be provided by the Residential Habilitation staff, if these components do not constitute the entire service provided. Additional information regarding habilitation services can be found in ADM #2012-01, entitled "Habilitation Plan Requirements."

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." 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, including OPWDD.

### **Supervised IRA Residential Habilitation**

Residential Habilitation services include activities that support the individual and are described in the Residential Habilitation Plan to be implemented. The Habilitation Plan includes activities or supports that are designed to help the person to pursue or to maintain the outcomes that have value to the individual. Only services clearly identified within the Habilitation Plan and the Individualized Service Plan of the individual will be provided under this service.

A provider will document services and bill these services using a daily unit when the service billing standard has been satisfied.

### **Billing Standard: Supervised IRA-RH Service Days**

The unit of service for supervised IRA residential habilitation services is daily. There are two standards for billing Supervised IRA-RH Service Days: Presence in the IRA and Provision of Staff Actions.

- (A) **Presence in the Supervised IRA or an allowable exception described below** - A day present in the IRA is the unit of measure denoting lodging and services rendered to the individual on a given day with exceptions noted below.
- Day of discharge from a hospital, nursing home, Intermediate Care Facility (ICF) or other certified, licensed or government funded residential setting when the person returns to the Supervised Residence may be counted as a day when the individual is present in the IRA. (Note: day of admission to a hospital, nursing home, ICF or other certified, licensed or government funded residential setting may not be counted as a day present at the IRA.)
  - When an ICF is converted to an IRA, or the designation of an IRA is changed (Supervised to Supportive or vice versa), the day of conversion or designation change can only be counted as Supervised IRA-RH.
- (B) **Provision of staff actions (face-to-face services)** - In addition to the requirement described in item (A) above, the Residential Habilitation staff must deliver and contemporaneously document habilitation staff actions that are drawn from the individual’s Habilitation Plan and Individualized Service Plan (ISP) during the service time (day) billed. At least one individualized face-to-face service or staff action must be provided during the day to meet the service delivery minimum. A staff action may be related to one of the individual’s valued outcomes, e.g., the staff action is “teaching menu planning” which relates to the individual’s valued outcome of “eating more healthy meals.” A staff action may also be related to the supports and services an individual needs, e.g., providing assistance with activities of daily living. However, all services must be drawn from the Habilitation Plan and ISP.

In addition, the following exceptions may also be billed as a Supervised IRA-RH Service Day:

- Days when IRA staff deliver and document Residential Habilitation services to a person who is away from the IRA for purposes such as vacations and visits with family or friends. Such days are countable as Supervised IRA-RH Service Days when staff regularly assigned to the resident's IRA deliver and document services that are similar in scope, frequency and duration to the Residential Habilitation services typically delivered to the resident at the IRA. Documentation must clearly state the location of this off-site service delivery.
- Days when all residents of the IRA are relocated due to emergency conditions or other circumstances reported to and approved by the OPWDD Developmental Disabilities Regional Office (DDRO) and the OPWDD Division of Quality Improvement (DQI). (It must be necessary to relocate the residents to preserve their health and safety.) Such days are countable as Supervised IRA-RH Service Days when the "presence" requirement is met and properly trained staff deliver and document services that are similar in scope, frequency and duration to the Residential Habilitation services typically delivered to the resident at the IRA. Documentation must clearly state the location of this off-site service delivery.

#### **Billing Standards: Therapeutic Leave and Retainer Days:**

There are two other types of days (in addition to service days) that a Supervised IRA-RH provider must document in order to be eligible for payment. These days are Retainer Days and Therapeutic Leave Days.

- A **Therapeutic Leave Day** is a day when the individual is away from the supervised residence and is not receiving services from paid Residential Habilitation staff and the absence is for the purpose of visiting with family or friends or a vacation. The Therapeutic Leave Day must be described in the person's Residential Habilitation Plan to be eligible for payment and the person may not receive another Medicaid-funded residential or in-patient service on that day. The Residential Habilitation Plan should generally describe the purpose of therapeutic leave that the person uses and the general frequency of the leave. The Residential Habilitation Plan does not need to describe the specific dates for a leave. For example, the Residential Habilitation Plan might describe planned leave days as follows:

*"the person will typically use Therapeutic Leave days during holidays to spend time with his family."*

- **Retainer Days** are days during which an individual is on medical leave from the IRA or associated days where any other institutional or in-patient Medicaid payment is made for providing services to the individual. A provider is limited to payment for up to 14 Retainer Days per rate year, per person. The provider must retain documentation for all

days of such absence that specifies the person was absent from the residence for the purpose of receiving services from a hospital, or from another institutional or in-patient setting.

### **Service Documentation**

For people receiving Medicaid Service Coordination (MSC) or Plan of Care Support Services (PCSS), service claims must be supported by a copy of the person's ISP, covering the time period of the payment claim, developed by the person's service coordinator. The ISP must include the following elements:

1. The category of waiver service provided (that is, Residential Habilitation) and identification of the Residential Habilitation Agency delivering the service as provider of the service.
2. Valued Outcomes of the person receiving services.
3. Frequency. The ISP must specify that the frequency of Residential Habilitation is "day" or "daily."
4. Duration. The ISP must specify that the duration as "ongoing."
5. The effective date for Residential Habilitation services (that is, the date the person was enrolled in Residential Habilitation services). This date must be on or before the first date of service that the Residential Habilitation agency bills for Supervised IRA-RH services.

For all people receiving Supervised IRA-RH services, there must be a Residential Habilitation Plan, which can be included as part of the ISP or as a separate document, developed by the Residential Habilitation agency. The plan must cover the time period of the payment claim and must meet the standards outlined in ADM #2012-01.

### **Acceptable Formats for Service Documentation**

The required service documentation format for the daily Supervised IRA-RH service is a Daily Narrative Note format or a checklist with a monthly summary note, which must be completed by the staff person who delivers the service or is knowledgeable of service delivery. If the service documentation is completed by someone other than the staff person delivering the service, the documentation must include a verification of service delivery by staff who actually delivered the service. The documentation can be completed in one of the following three ways:

1. The Daily Narrative Note describes both the provision of the staff actions and the individual's response to the service. At least once a month, one of the Daily Narrative Notes must also discuss any issues or concerns and summarize the implementation of the person's Residential Habilitation Plan; or
2. The Daily Narrative Note describes the staff actions only. If this second format is selected, a monthly summary is also required. The monthly summary must describe the individual's response to services, address any issues or concerns and summarize the implementation of the person's Residential Habilitation Plan; or

3. Daily Checklist with Monthly Summary Note format. If the checklist format is chosen, a Monthly Summary Note, which discusses any issues or concerns, includes the person's response to service and summarizes the implementation of the person's Residential Habilitation Plan, must be completed.

Regardless of which format is chosen, all Service Documentation must contain the following elements:

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 ISP or Residential Habilitation Plan.)
2. Identification of category of waiver service provided (e.g., IRA Residential Habilitation).
3. A description of the individualized service provided by staff that is based on the person's Residential Habilitation Plan (e.g., a staff person documents that she "taught the person how to shop independently").
4. The individual's response to the service (e.g., "the individual was able to make his own purchase at the store"). (At a minimum, the individual's response must be documented in a monthly summary note. A provider may choose to include the individual's response more frequently, e.g., daily.)
5. The date the service was provided.
6. The primary service location (e.g., North Main Street IRA).
7. Verification of service provision by the 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 staff person writing the note.
9. The date the note was written.

### **Documentation Retention**

All documentation that supports a Medicaid claim, including documentation of the person's presence in the IRA, the ISP, and the Residential Habilitation Plan, must be retained for a period of six years from the date of the service billing. Diagnostic information and other clinical records are generally maintained for a longer period of time and are not the subject of this document.

For individuals who live in a Supervised IRA or CR on July 1, 2014, the individual's ISP and Residential Habilitation Plan must reflect the change from the monthly unit of service to the daily unit of service no later than August 31, 2014. For additional information on the documentation requirements contact the OPWDD Director of Waiver Management at (518) 486-6466.

cc: Provider Associations  
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