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ADMINISTRATIVE MEMORANDUM - #2006-01

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

FROM: Helene DeSanto, Executive Deputy Commissioner
and Interim Director, Quality Assurance

Gary Lind, Director
Policy, Planning and Individualized Initiatives

James F. Moran, Deputy Commissioner
Administration and Revenue Support

SUBJECT: GROUP DAY HABILITATION SERVICE DOCUMENTATION REQUIREMENTS

DATE: January 1, 2006

Suggested Distribution:

Group Day Habilitation Program/Service Staff
Quality/Compliance Staff
Billing Department Staff
MSC Service Coordinators and Service Coordinator Supervisors

Purpose:

This is to review the Group Day Habilitation service documentation requirements that support a provider's claim for reimbursement. These service documentation criteria apply to Group Day Habilitation services rendered to Home and Community Based Services (HCBS) waiver-enrolled individuals as well as to non-waiver enrolled individuals effective January 1, 2006. Requirements set forth in this Administrative Memorandum supersede Administrative Memorandum 2003-04 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 Group Day Habilitation is in 14 NYCRR section 635-10.4 (b)(2) and 635-10.5 (c).

Group Day Habilitation Services:

Effective January 1, 2006, for billing purposes, Day Habilitation will be categorized as Group Day Habilitation, Supplemental Group Day Habilitation, Individual Day Habilitation or Supplemental Individual Day Habilitation services. All four forms of Day Habilitation conform to the existing service definitions in 14 NYCRR section 635-10.4 (b)(2).

This memorandum describes the service documentation requirements for Group Day Habilitation and Supplemental Group Day Habilitation. Group Day Habilitation services are services that are generally provided to two or more consumers, although one-to-one services may also be provided. Group Day Habilitation services are provided on weekdays with a service start time prior to 3:00 p.m. Supplemental Group Day Habilitation are services that are delivered anytime on Saturday or Sunday, or on weekdays with a service start time of 3:00 p.m. or later.

Supplemental services billed separately to Medicaid or OMRDD are designed for consumers who live at home, in Supportive IRAs, in Supportive CRs or Family Care Homes. Supplemental Group Day Habilitation services may not be separately billed to Medicaid or OMRDD for consumers who live in residences with 24-hour staffing (e.g., Supervised IRAs or Supervised CRs). It is the responsibility of a residence with 24-hour staffing to provide residential habilitation services on weekday evenings and weekends.

Billing Standard:

Payment for Group Day Habilitation and Supplemental Group Day Habilitation requires for each consumer served, prior authorization from the DDSO/NYCRO. Service providers which have been authorized to provide Supplemental Group Day Habilitation must correctly categorize their services as “Supplemental Group Day Habilitation” vs. “Group Day Habilitation” based on these time parameters and must use the appropriate billing rate code for each.

Group Day Habilitation and Supplemental Group Day Habilitation services are billed as either a Full Unit or a Half Unit. A Full Unit may be billed when staff deliver and document at least two individualized face-to-face Group Day Habilitation services to a consumer during the program day, and the program day duration is four to six hours in duration. A Half Unit of Group Day Habilitation or Supplemental Group Day Habilitation may be billed when staff deliver and document at least one individualized face-to-face Group Day Habilitation service to a consumer during the program day, and the program day duration is at least two hours.

For both Group Day Habilitation and Supplemental Group Day Habilitation the *program day duration* is defined as the length of time the provider delivers face-to-face Group Day Habilitation services to the person. Time spent in the following activities cannot be counted toward the program day duration:

- Time the consumer spends being transported to the first Group Day Habilitation activity of the day and time being transported home or to the next activity after the conclusion of Group Day Habilitation services.
- Time the consumer spends at a separate service (e.g., a clinic service) and the time being transported to and from the separate service.

Note: The provision of Medicaid Service Coordination (MSC) is the only exception to the rule regarding “backing out” time at another Medicaid service from the Day Habilitation program day. Time the consumer spends with his/her MSC Service Coordinator can be counted toward the Group Day Habilitation or Supplemental Group Day Habilitation program day as long as the visit occurs at a Day Habilitation service location. Also, the consumer’s time at the ISP review conducted by the MSC Service Coordinator may count toward the Day Habilitation program day duration as long as the Day Habilitation staff accompany the consumer to the meeting.

- Mealtime.

Day Habilitation services delivered during mealtimes, while at a clinic or during travel specified above, cannot be used to meet the billing requirements for a Full or Half Unit. While services provided at these times are important to service quality, they cannot be used to fulfill the billing requirement of two services for a Full Unit or one service for a Half Unit.

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 Group Day Habilitation Plan.

2. **Identification of category of waiver service provided.** Although the waiver service is identified as “Group Day Habilitation” or “Supplemental Group Day Habilitation” for billing and service documentation purposes, the consumer’s Individualized Service Plan (ISP) should identify the category of waiver service as “Day Habilitation.”
3. **A daily description of the required minimum number of face-to-face services provided by staff.** Face-to-face services are individualized services based on the person’s Group Day Habilitation Plan, e.g., the staff person documents that he/she “taught the person how to count change up to one dollar.” The number of face-to-face services required to support billing depends on the unit billed and is described in the above section titled “Billing Standards.”
4. **Documentation that the minimum service duration requirement was met.**
 - **For Group Day Habilitation,** the provider may document the *program day duration* by indicating the service start time and service stop time. Alternatively, the provider may elect to document the program day duration with a daily affirmation, stating that the minimum duration was met in either a narrative note or checklist format, e.g., “*I attest that a 4-hour program day was provided today to John Smith. Sally Jones, Group Day Habilitation Worker, January 12, 2006.*” Note that where a provider does not document service start and service stop time, an outside reviewer may require other documentation that supports the service duration, for example, a bus log that demonstrates the consumer was at a Group Day Habilitation site for at least 4 hours.
 - **For Supplemental Group Day Habilitation,** the provider must document the service start time and the service stop time.

In addition to documenting the program day duration, when a consumer attends another service during the Group Day Habilitation or Supplemental Group Day Habilitation program day, such as a clinic service or doctor’s appointment, the provider must document the “clock” time of the consumer’s departure from the Group Day Habilitation program and the time the consumer returned.

5. **The consumer’s response to the service.** For example, the staff person documents that “after several practice sessions the consumer was able to count the change he received after purchasing a magazine.” Note that at a minimum, the consumer response must be documented in a monthly summary note, although a provider may choose to include the consumer response more frequently, e.g. daily.
6. **The date the service was provided.**
7. **The primary service location,** e.g., “Maple Avenue Group Day Habilitation” or “without walls,” if services are provided at changing locations in the community and there is no primary service location.

8. **Verification of service provision by the Group Day 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 Group Day Habilitation staff person documenting the service.**
10. **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 Group Day 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 two face-to-face individualized services delivered by Group Day Habilitation staff on each day the provider bills a Full Unit of either Group Day Habilitation or Supplemental Group Day Habilitation. At least one face-to-face individualized service delivered by Group Day Habilitation staff must be documented on each day the provider bills a Half Unit of either Group Day Habilitation or Supplemental Group Day Habilitation. Since the daily note does not include the consumer’s response to the service, a monthly summary note is required. This monthly note must summarize the implementation of the individual’s Group Day Habilitation Plan, address the consumer’s response to the services provided and any issues or concerns; **OR**
2. On each day the provider bills a Full Unit of either Group Day Habilitation or Supplemental Group Day Habilitation, a daily service note describing at least two face-to-face individualized services delivered by Day Habilitation staff and the consumer’s response to the service. On each day the provider bills a Half Unit of either Group Day Habilitation or Supplemental Group Day Habilitation, a daily service note describing at least one face-to-face individualized service delivered by Group Day 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 Group Day Habilitation Plan and address any issues or concerns.

Checklist / Chart Format

For each day service is delivered, a provider may elect to document the required face-to-face individualized Group Day Habilitation and Supplemental Group Day Habilitation service delivered by Group Day Habilitation 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 Group Day Habilitation 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 the required minimum number of face-to-face individualized services provided by Day Habilitation staff each day the provider bills either Group Day Habilitation or Supplemental Group Day Habilitation.

Other Documentation Requirements:

In addition to the service note(s) supporting Group Day Habilitation or Supplemental Group Day Habilitation billing claims, 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. Although for billing and service documentation purposes we distinguish between the four types of Day Habilitation (i.e., Individual Day Habilitation, Supplemental Individual Day Habilitation, Group Day Habilitation or Supplemental Group Day Habilitation), the ISP should identify the category of waiver service as "Day Habilitation." The ISP, which is the "authorization" for waiver services, must also identify your agency as the provider of the service. Further, the ISP must specify an effective date for Day Habilitation that is on or before the first date of service for which your agency bills Day Habilitation for the consumer. The ISPs should identify the frequency for Group Day Habilitation and Supplemental Group Day Habilitation as "a day".
- ✓ The **Group Day Habilitation Plan** developed by your agency that conforms to the Habilitation Plan requirements found in ADM 2003-03. For both Group Day Habilitation and Supplemental Group Day Habilitation the Habilitation Plan is entitled "Group Day Habilitation Plan". The Group Day Habilitation Plan must "cover" the time period of the Group Day Habilitation service claim. Note that the consumer's Group Day Habilitation Plan is attached to his/her ISP. If a consumer attends both Group and Supplemental Group Day Habilitation Services, you may maintain one Group Day Habilitation Plan. This plan must, however, have a separate section that clearly identifies the supports and services associated with Group Day Habilitation and a separate section that clearly identifies the supports and services associated with Supplemental Group Day Habilitation.

Documentation Retention:

All documentation specified above, including the ISP, Group Day 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 a fiscal audit a Day Habilitation claim for a sampled consumer will be selected and the auditor will typically ask for the ISP and Group Day Habilitation Plan in effect for the claim date. The auditor will also require, for the claim dates, the service documentation specified above.

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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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