NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

ADMINISTRATIVE DIRECTIVE

Transmittal:	ADM 2019-08
To:	Executive Directors of Voluntary Provider Agencies Sponsoring Family Care Developmental Disabilities Regional Office Directors Developmental Disabilities State Operations Office Directors
Issuing OPWDD Office:	Division of Service Delivery (State Operations)
Date:	October 3rd, 2019
Subject:	Family Care Residential Habilitation Billing and Documentation Requirements
Suggested Distribution:	Family Care Program Administrators and Managers Family Care Coordinators and Liaisons Quality Assurance Staff Family Care Providers Family Care Substitute Providers
Contact:	Family Care Unit, Division of Service Delivery State Operations FamilyCare@opwdd.ny.gov
Attachments:	Agency Sponsored Family Care Daily Checklist Instructions Agency Sponsored Family Care Daily Checklist State Sponsored Family Care Daily Checklist Instructions State Sponsored Family Care Daily Checklist Family Care Monthly Summary Note

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
2018-09R 2018-06R 2012-01	2006-04	14 NYCRR Part 635	MHL 13.01, 13.07	6 years

Applicability

This ADM applies to all Office for People With Developmental Disabilities (OPWDD) State Sponsored and Agency Sponsored Family Care programs. The regulatory basis for Family Care Residential Habilitation is 14 New York Codes, Rules, and Regulations (NYCRR) Sections 635-10.4(b)(1), 635-10.5(b)(13) and 635-10.5(b)(14).

Purpose

This is to describe the Family Care Residential Habilitation service documentation requirements that support a Sponsoring Agency's claim for payment. These requirements are for the payment for Family Care Residential Habilitation services provided to Home and Community Based Services (HCBS) waiver-enrolled individuals as well as to non-waiver enrolled individuals. In addition to the claim documentation requirements specified in this Administrative Memorandum (ADM), Family Care Residential Habilitation service provision must continue to comply with quality service standards set forth in the HCBS Waiver (OPWDD 2014) and program requirements set forth in the Family Care Manual (OPWDD).

Billing Family Care Residential Habilitation

The billing unit or "unit of service" for Family Care Residential Habilitation is a day. There are two requirements that must be met before a day of Family Care Residential Habilitation can be billed:

1. The individual must be permanently enrolled in the certified Family Care Provider's home on that day.
2. The certified Family Care Provider must deliver and document daily, at least one face-to-face individualized Family Care Residential Habilitation service that is drawn from the individual's Family Care Residential Habilitation Plan/Staff Action Plan. Family Care Residential Habilitation billing is not permitted on days when the certified Family Care Provider delivers no services to the individual, even in cases when an approved Substitute Provider delivers services on that day.

Documentation Checklist Format

For each day the Family Care Residential Habilitation service is billed, the certified Family Care Provider (hereafter known as Family Care Provider) must document the required face-to-face Family Care Residential Habilitation service using a checklist. The service documented must be drawn from the individual's Family Care Residential Habilitation Plan/Staff Action Plan based on the Individualized Service Plan (ISP)/Life Plan. A monthly summary note written by the Family Care Home Liaison is also required. The monthly summary note must summarize the implementation of the individual's Family Care Residential Habilitation Plan/Staff Action Plan, address how the individual responded to the services provided during the month, and address any issues or concerns.

An optional checklist format has been issued with this memorandum. Providers may use this format or create their own that includes the minimum required information as described in this ADM.

Required Service Documentation

Documentation by the Family Care Provider
Medicaid rules require that service documentation is "contemporaneous" with the service provision. On a daily basis, the Family Care Provider must document the service provided when it occurs. Required service documentation elements are:

1. Individual's name and Medicaid Client Identification Number (CIN). (Note that the CIN does not need to be included in daily documentation; rather, it can appear in the individual's Family Care Residential Habilitation Plan/Staff Action Plan.)
2. Identification of category of waiver service provided as Family Care Residential Habilitation.
3. A daily description of at least one face-to-face service provided by the Family Care Provider (e.g. the Family Care Provider documents that he/she "assisted the individual to choose appropriate clothes for the day"). Each service delivered must be identified in the individual's Family Care Residential Habilitation Plan/Staff Action Plan.
4. The date the service was provided.
5. The primary service location.
6. Verification of daily service provision by the Family Care Provider. Initials are permitted if a "key" is provided which includes the signature and full name of the Family Care Provider.

Documentation by the Family Care Home Liaison
The following service documentation elements must be included in the monthly summary note:

1. Individual's name and CIN. (Note that the CIN does not need to be included in the monthly summary note; rather, it can appear in the individual's Family Care Residential Habilitation Plan/Staff Action Plan).
2. Identification of category of waiver service as Family Care Residential Habilitation.
3. Month and year of summary note.
4. A summary of the individual's response to services, implementation of the Residential Habilitation Plan/Staff Action Plan and any issues or concerns.
5. Signature and title of the Family Care Home Liaison.
6. Date (month/day/year) the monthly summary note was written (must be written by the end of the month following the month of service, e.g. the November monthly summary note must be written by the end of December).

Other Documentation Requirements
In addition to the checklist and monthly summary note, the Family Care Sponsoring Agency must maintain the following documentation:

- A copy of the individual's ISP/Life Plan, covering the time period of the claim. Family Care Residential Habilitation Service must be identified as an HCBS Waiver Service in the ISP or Section IV of the Life Plan as follows:
    - Name of Provider: DDSO Name (for State Sponsored Family Care) or the Agency Name (for Agency Sponsored Family Care)
    - Type of Waiver Service: "Family Care Residential Habilitation"
    - Frequency: "Day" or "Daily"
    - Duration: "On-going"
    - Effective Date

- A Family Care Residential Habilitation Plan or Staff Action Plan developed by the Family Care Home Liaison and the Family Care Provider which covers the time period of the Family Care Residential service claim:
    - If the individual has an ISP, the individual's goals are carried out via a Residential Habilitation Plan that conforms to the Habilitation Plan requirements found in OPWDD ADM #2012-01. Note that the individual's Family Care Residential Habilitation Plan is attached to his/her ISP.
    - If the individual has a Life Plan, the individual's identified goals/valued outcomes are carried out via a Staff Action Plan that conforms to the Staff Action Plan requirements found in OPWDD ADM #2018-09R.

Safeguards

Safeguards are necessary to provide for the individual's health and safety while participating in the habilitation service. Safeguards must be included in the ISP/Life Plan. Furthermore, safeguards that will be provided by the Family Care Provider must be identified and addressed in the Residential Habilitation Plan/Staff Action Plan, which may be by reference to other documentation that details the safeguards.

Record Retention

All records must be maintained for a minimum of six years. Title 18 NYCRR, Subsection 504.3 (a), states that by enrolling in the Medicaid program, the provider agency 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." It should be noted that there are other entities with rights to audit Medicaid waiver claims as well, including OPWDD.