



STATE OF NEW YORK  
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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**ADMINISTRATIVE MEMORANDUM - #2002-01**

**TO:** Executive Directors of Agencies providing Individualized Residential Alternative (IRA) Residential Habilitation Waiver Services  
Executive Directors of Agencies providing Medicaid Service Coordination

**FROM:** Jan Abelseth  
Deputy Commissioner, Quality Assurance

Alden B. Kaplan  
Deputy Commissioner, Administration and Revenue Support

Gary Lind  
Director, Policy, Planning and Individualized Initiatives

**SUBJECT:** IRA Residential Habilitation Service Documentation Requirements

**DATE:** September 3, 2002

**Suggested Distribution:**

Program/Service Staff  
Quality/Compliance Staff  
Billing Department Staff  
MSC Service Coordinators

**Purpose:**

This is to advise you that documentation for IRA Residential Habilitation services delivered on or after July 1, 2002 must meet the criteria set forth below. These criteria apply to IRA Residential Habilitation services rendered to Home and Community Based Service (HCBS) waiver enrolled individuals, as well as to non-enrolled individuals. The service documentation requirements set forth in this Administrative Memorandum supersede fiscal audit service documentation requirements addressed in The Key to Individualized Services, OMRDD's HCBS Waiver Policy Manual. Quality service standards in The Key remain the same.

**Background:**

Effective July 1, 2002 the unit of service for IRA Residential Habilitation was changed from a day to a month. Title 14 of the Official Compilation of Codes, Rules and Regulations of the State of New York Part 635-10.5(b) states new reimbursement and payment provisions for residential habilitation services provided in IRAs that took effect July 1, 2002. On July 1, 2002 IRA sites were designated supervised or supportive. See Attachment A for the definitions for supervised and supportive IRAs.

With the change in the unit of service, providers are required to meet new billing standards and comply with new service documentation requirements to substantiate monthly IRA Residential Habilitation billings. The federal Centers for Medicare and Medicaid Services' (CMS) HCBS Waiver Review Protocol lists elements that must be included in the documentation of HCBS Medicaid payment claims. Based on the federal listing, this OMRDD administrative memorandum provides clarifying information on the required components of acceptable service documentation for IRA Residential Habilitation Services.

Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Section 504.3 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." It should be noted that there are other entities with rights to audit Medicaid waiver claims as well.

**IRA Residential Habilitation Billing Standards:**

Supervised IRA Billing Standards

The unit of service for supervised IRA residential habilitation services is a calendar month. The provider determines whether minimum services have been provided to bill a full month or a half-month for an individual resident based on the following:

To bill a **full month** for any resident:

1. The resident must be enrolled in the provider's supervised IRA program for a minimum of 22 days in a calendar month. "Enrollment" is defined as the time period commencing with the day of admission, up to and including the day of discharge.

2. The IRA staff must deliver and **document** a minimum of 22 separate days of face to face residential habilitation services, known as “countable service days”, in accordance with the resident’s ISP and Residential Habilitation Plan. A countable service day requires documentation of at least one residential habilitation staff service or action.
3. Days in a hospital, nursing home, ICF or other certified, licensed or government funded residential setting including overnight summer camps are **not** countable toward the 22-day minimum requirement.
4. Countable service days **may include**:
  - Day of admission and day of discharge to a hospital, nursing home, ICF or other certified, licensed or government funded residential setting in cases where on those days IRA staff deliver and document residential habilitation services to the resident at the IRA.
  - Days when IRA staff deliver and document residential habilitation services to a resident(s) who is away from the IRA for purposes such as vacations and visits with family or friends. Such days are countable only 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. Only 14 such days may be considered countable in a calendar month. 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 DDSO/NYCRO and DQA. (It must be necessary to relocate the residents to preserve their health and safety.) Such days are countable only 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.

To bill a **half month** for any resident:

1. The resident must be enrolled in the provider’s supervised IRA program for a minimum of 11 days in a calendar month. “Enrollment” is defined as the time period commencing with the day of admission, up to and including the day of discharge.

2. The IRA staff must deliver and **document** a minimum of 11 separate days of face to face residential habilitation services, known as “countable service days”, in accordance with the resident’s ISP and Residential Habilitation Plan. A countable service day requires documentation of at least one residential habilitation staff service or action.
3. Days in a hospital, nursing home, ICF or other certified, licensed or government funded residential settings including overnight summer camps are **not** countable toward the 11-day minimum requirement.
4. Countable service days **may include**:
  - Day of admission and day of discharge to a hospital, nursing home, ICF or other certified, licensed or government funded residential setting in cases where on those days IRA staff deliver and document residential habilitation services to the resident at the IRA.
  - Days when IRA staff deliver and document residential habilitation services to a resident(s) who is away from the IRA for purposes such as vacations and visits with family or friends. Such days are countable only 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. Only 7 such days may be considered countable in a calendar month. 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 DDSO/NYCRO and DQA. (It must be necessary to relocate the residents to preserve their health and safety.) Such days are countable only 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.

#### Supportive IRAs

The unit of service for supportive IRA residential habilitation services is a calendar month. The provider determines whether minimum standards have been provided to bill a full month or a half-month for an individual resident based on the following:

To bill a **full month** for any resident:

1. The resident must be enrolled in the provider's supportive IRA program for a minimum of 22 days in a calendar month. "Enrollment" is defined as the time period commencing with the day of admission, up to and including the day of discharge.
2. The IRA staff must deliver and **document** a minimum of 4 separate days of face to face residential habilitation services, known as "countable service days", in accordance with the resident's ISP and Residential Habilitation Plan. **These countable service days must be provided at the IRA or initiated or concluded there.** No more than 2 service days within a week are countable toward the 4-day minimum. A countable service day requires documentation of at least one residential habilitation staff service or action.
3. Countable service days **may include:**
  - Day of admission and day of discharge to a hospital, nursing home, ICF or other certified, licensed or government funded residential setting in cases where on those days IRA staff deliver and document residential habilitation services **to the resident at the IRA.**
  - Days when all residents of the IRA are relocated due to emergency conditions or other circumstances reported to and approved by the DDSO/NYCRO and DQA. (It must be necessary to relocate the residents to preserve their health and safety.) Such days are countable only 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.

To bill a **half month** for any resident:

1. The resident must be enrolled in the provider's supportive IRA program for a minimum of 11 days in a calendar month. "Enrollment" is defined as the time period commencing with the day of admission, up to and including the day of discharge.
2. The IRA staff must deliver and **document** a minimum of 2 separate days of face to face residential habilitation services, known as "countable service days", in accordance with the resident's ISP and Residential Habilitation Plan. **These countable service days must be provided at the IRA or initiated or concluded there.** No more than one service day within a week is countable toward the 2-day minimum. A countable service day requires documentation of at least one residential habilitation staff service or action.

3. Countable service days **may include:**

- Day of admission and day of discharge to a hospital, nursing home, ICF or other certified, licensed or government funded residential setting in cases where on those days IRA staff deliver and document residential habilitation services **to the resident at the IRA.**
- Days when all residents of the IRA are relocated due to emergency conditions or other circumstances reported to and approved by the DDSO/NYCRO and DQA. (It must be necessary to relocate the residents to preserve their health and safety.) Such days are countable only 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.

**Required Actions:**

IRA residential habilitation service note documentation must include the following:

Required Elements

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 ISP or Residential Habilitation Plan).
2. Identification of category of waiver service provided (i.e. IRA residential habilitation).
3. **A description of the individualized service provided by staff**, which 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 consumer's response to the service (e.g. "the consumer was able to make his own purchase at the store"). (At a minimum, the consumer response must be documented in a monthly summary note. A provider may choose to include the consumer 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

Acceptable Formats for the Service Note Supporting a Provider's Billing Submittal:

Attached to this Administrative Memorandum are sample service note formats that conform to the required elements stated above. Attachment B is a sample daily narrative note and Attachment C is a daily checklist with a monthly summary note.

Attachment B – Daily Narrative Note Format

If the daily narrative note format is selected, the documentation can be completed in one of two ways. 1) Daily narrative note describes the staff service or action and the resident's response to the service delivery **or** 2) Daily narrative note describes staff service or action only. If this second format is selected, a monthly summary note addressing the consumer's response to services is required. The daily narrative note must be written by the staff person who provides the service or, if written by another staff person, must include the verification of service delivery by staff who actually delivered the service (see #7 of Required Elements).

Attachment C – Daily Checklist with Monthly Summary Note Format

If the checklist format is chosen, a monthly summary note, which includes the resident's response to service, must be completed.

**YOU MAY USE EITHER OF THESE FORMATS OR DEVELOP YOUR OWN SO LONG AS IT ENCOMPASSES ALL OF THE REQUIRED ELEMENTS LISTED ABOVE.**

**Other Documentation Required:**

In addition to the service note(s) supporting each monthly IRA residential habilitation claim, your agency must maintain the following documentation:

- A copy of the consumer's ISP covering the time period of the claim developed by the consumer's Medicaid Service Coordination (MSC) or Plan of Care Support Services (PCSS) service coordinator. The ISP must specify the category of waiver service that your agency is providing (i.e. residential habilitation) and must designate your agency as the provider of the service. Further, for the service you are providing, the ISP must specify a service effective date for IRA residential habilitation that is on or before the first date of service your agency bills.
- The Residential Habilitation Plan covering the time period of the claim developed by your agency. The Residential Habilitation Plan is attached to the person's ISP. For supportive IRAs, the Residential Habilitation Plan must state the number of service

visits residential habilitation staff will provide to meet the consumer's individualized need. This service visit number can be expressed as a range.

**Documentation Retention:**

All documentation specified above, including ISPs, Residential Habilitation Plans, and daily service documentation, must be retained for a period of at least six years from the date of the service billed.

**Notification:**

Effective with services delivered on or after July 1, 2002, OMRDD will review IRA Residential Habilitation service claims utilizing the service documentation requirements set forth in this Administrative Memorandum.

For additional information on the documentation requirements, contact Ms. Carol Metevia, Director of Medicaid Standards and Control at (518) 408-2096 or Mr. Kevin O'Dell, Director of Waiver Management at (518) 474-5647.

cc: Provider Associations  
DDSO Directors  
Helene DeSanto  
Kathy Broderick  
Peter Pezzolla  
Carol Metevia  
Kevin O'Dell



## Definition of Supervised & Supportive IRAs

### 686.99 Glossary

(l) *Community residence*. A facility providing housing, supplies and services for persons who are developmentally disabled and who, in addition to these basic requirements, need supportive interpersonal relationships, supervision, and training assistance in activities of daily living. Community residences are designed to accomplish two major goals:

- (1) provide a home environment; and
- (2) provide a setting where persons can acquire the skills necessary to live as independently as possible. For the purpose of this regulation, the following types of community residences are defined:

- (i) *supervised community residence* – a facility with staff onsite or proximately available at all times when the persons are present;
- (ii) *supportive community residence* – a facility providing practice in independent living under variable amounts of oversight delivered in accordance with the person’s needs for such supervision;
- (iii) *individualized residential alternative* – a facility providing room, board and individualized protective oversight.

**(a) A supervised Individualized Residential Alternative is a facility that has staff onsite or proximately available at all times when the persons are present;**

**(b) A supportive Individualized Residential Alternative is a facility that is providing practice in independent living under variable amounts of oversight delivered in accordance with the person’s needs for such supervision and staff typically are not onsite nor proximately available at all times when the persons are present.**

This citation would also appear at 635.99.1 (bl) *residence, community*



# HCBS WAIVER SERVICE DOCUMENTATION IRA RES HAB DAILY CHECKLIST

BILLING DEPARTMENT DATA				
CHECK ( ✓ ) APPROPRIATE BOX FOR				
UNIT OF SERVICE TO BILL :				
Full Month	Semi Monthly (1st half)	OR	Semi Monthly (2nd half)	No Billing
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

AGENCY: \_\_\_\_\_

CONSUMER NAME: \_\_\_\_\_

MEDICAID CIN # : \_\_\_\_\_

MONTH / YR OF SERVICE DELIVERY : \_\_\_\_\_

IRA ADDRESS: \_\_\_\_\_

CONSUMER ENROLLMENT DATA	
<input type="checkbox"/> Supervised IRA	<input type="checkbox"/> Enrolled in program full month
<input type="checkbox"/> Supportive IRA	<input type="checkbox"/> Enrolled in program <b>less than</b> full month
( ✓ appropriate setting )	Date enrolled this month : _____
	Date discharged this month : _____

DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE / ACTION PROVIDED based on the consumer's Residential Habilitation Plan	Staff providing the service or action <u>initial the date</u> the service or action was provided. [ <i>Note: By entering initials, staff are attesting that the service or action was provided on that day. Initialing must occur at the same time as service delivery.</i> ]																																
Staff service or action :	DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

**\*\* INITIALS' KEY:** For each staff person who provided a service or action this month, include the staff name, title and signature next to the staff person's initials

<u>INITIALS</u>	<u>STAFF NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>	<u>INITIALS</u>	<u>STAFF NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

*\*\* Initials' Key may be maintained as a separate document*

