

DAILY RESIDENTIAL HABILITATION SERVICES

Effective January 1, 2020

Audit protocols assist the Medicaid provider community in developing programs to evaluate compliance with Medicaid requirements under federal and state statutory and regulatory law, and administrative procedures issued by the New York State Office for People with Developmental Disabilities (OPWDD). The protocols listed are intended solely as guidance in this effort. This guidance does not constitute rulemaking by OPWDD and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person. Furthermore, nothing in the protocols alters any statutory, regulatory or administrative requirement and the absence of any statutory, regulatory or administrative citation from a protocol does not preclude OPWDD from enforcing a statutory, regulatory or administrative requirement. In the event of a conflict between statements in the protocols and statutory, regulatory or administrative requirements; the requirements of the statutes, regulations and administrative procedures govern.

A Medicaid provider's legal obligations are determined by the applicable federal and state statutory and regulatory law. Audit protocols do not encompass all the current requirements for payment of Medicaid claims for a particular category of service or provider type and therefore are not a substitute for a review of the statutory and regulatory law or administrative procedures.

Audit protocols are applied to a specific provider or category of service(s) in the course of an audit and involve OPWDD's application of articulated Medicaid agency policy and the exercise of agency discretion. Audit protocols are used as a guide in the course of an audit to evaluate a provider's compliance with Medicaid requirements and to determine the propriety of Medicaid expended funds. In this effort, OPWDD will review and consider any relevant contemporaneous documentation maintained and available in the provider's records to substantiate a claim.

New York State, consistent with state and federal law, can pursue civil and administrative enforcement actions against any individual or entity that engages in fraud, abuse, or illegal or improper acts or unacceptable practices perpetrated within the medical assistance program. Furthermore, audit protocols do not limit or diminish OPWDD's authority to recover improperly expended Medicaid funds and OPWDD may amend audit protocols as necessary to address identified issues of non-compliance. Additional reasons for amending protocols include, but are not limited to, responding to a hearing decision, litigation decision, or statutory or regulatory change.

Note:

Per ADM 2018-06R, As of July 1, 2018, individuals new to the OPWDD system (i.e., on or after July 1, 2018), will have Life plans developed and finalized in accordance with the CCO/HH Manual. Finalized Life Plans for newly enrolled CCO members (i.e., members enrolled after 10/1/2018) are due no later than 90 days after CCO enrollment or HCBS waiver enrollment, whichever comes first.

Per ADM 2018-06R, For Life Plans finalized on or before December 31, 2019 (i.e., the transition period), OPWDD is suspending service documentation requirements for documenting the Waiver service name, frequency, duration, and effective date in the Life Plan. Instead, only the name of the service provider and the service name must be identified in the Life Plan.

Service providers are responsible for reviewing the finalized, acknowledged and agreed to Life Plan. Providers may occasionally find inaccuracies in the finalized, acknowledged and agreed to Life Plan. Providers should demonstrate due diligence in working with the Care Manager, CCOs, OPWDD and/or others to correct the Life Plan as soon as possible. Service providers should document their timely efforts to correct any errors in the



Life Plan. Examples of this documentation may include notes in the individual's monthly summary, e-mails, phone calls, etc.

All Life Plans created or amended after the transition period must comply with all regulatory and policy standards.

Per ADM 2018-09R, As of March 1, 2020, At the time of transition to the Life Plan, Habilitation Plans must transition to Staff Action Plans. All individuals transitioning from an ISP to a Life Plan who receive habilitation services must have a staff Action Plan no later than March 1, 2020.

1.	Missing Record
OPWDD Audit Criteria	If no record is available for review, claims for all dates of service associated with the individual will be disallowed.
Regulatory References	18 NYCRR Section 504.3(a) 18 NYCRR Section 540.7(a)(8)
2.	No Documentation of Service
OPWDD Audit Criteria	If the record does not document that a Residential Habilitation service was provided, the claim will be disallowed.
Regulatory References	18 NYCRR Section 504.3(a) 18 NYCRR Section 517.3(b)
3.	No Determination of a Developmental Disability
OPWDD Audit Criteria	The claim for services provided in the absence of a clinical assessment substantiating a specific determination of developmental disability will be disallowed.
Regulatory References	14 NYCRR Section 635-10.3(a) and (b)(1) 14 NYCRR Section 671.4(b)(1)(i)
4.	Missing or Inadequate Life Plan (LP)
OPWDD Audit Criteria	A copy of the individual's Life Plan (LP), covering the time period of the claim, must be maintained by the agency. The claim will be disallowed in the absence of a Life Plan (LP). If the Life Plan (LP) is not in place prior to the service date and in effect for the service date, the claim will be disallowed.
Regulatory References	14 NYCRR 635-10.2(a) OPWDD ADM #2014-01, pp. 2, 5 & 6 OPWDD ADM #2018-06R, pp. 1-2
5.	Unauthorized Residential Habilitation Services Provider
OPWDD Audit Criteria	The claim will be disallowed if the Life Plan (LP) does not: <ul style="list-style-type: none"> • Identify Residential Habilitation as the service to be provided. • List the provider as the authorized provider for a specific service. • Have an effective date for Residential Habilitation services that is on or before the first day of service for which the agency bills for services.
Regulatory References	14 NYCRR Section 635-10.2(a) OPWDD ADM #2014-01, p. 5 OPWDD ADM #2018-06R, pp. 3-4,7
6.	Identification of Frequency and Duration of Service
OPWDD Audit Criteria	The claim will be disallowed if the Life Plan (LP) does not: <ul style="list-style-type: none"> • Specify that the frequency for Residential Habilitation is "day or daily". • Specify the duration for Residential Habilitation is "ongoing".
Regulatory References	OPWDD ADM #2014-01, p. 5 OPWDD ADM #2018-06R, pp. 3-4,7

7.	Missing Residential Habilitation Plan/Staff Action Plan
OPWDD Audit Criteria	The claim will be disallowed in the absence of a Residential Habilitation plan/staff action plan. If no Residential Habilitation plan/staff action plan is in place prior to the service date and in effect for the service date, the claim will be disallowed.
Regulatory References	OPWDD ADM #2012-01, p. 7 OPWDD ADM #2014-01, pp. 2, 5, 6 OPWDD ADM #2018-09R, p. 12

8.	Missing Required Elements of the Residential Habilitation Plan/Staff Action Plan
OPWDD Audit Criteria	<p>The claim will be disallowed if any of the required elements are missing in the Habilitation Plan:</p> <ol style="list-style-type: none"> 1. The individual's name. 2. The individual's Medicaid Identification Number (CIN), if the person is a Medicaid enrollee. 3. The habilitation service provider's agency name. 4. Identification of the habilitation service(s) provided. 5. The date on which the Habilitation Plan was reviewed. 6. Identification of at least one valued outcome that is derived from the individual's ISP (valued outcomes do not need to be verbatim from the ISP). 7. Description of the services and supports the habilitation staff will provide to the person. 8. The safeguards (health and welfare) that will be provided by the habilitation service provider. 9. The printed name, signature and title of the staff who wrote the Habilitation Plan. 10. The date that staff signed the Habilitation Plan. <p>The Staff Action Plan must contain these required elements:</p> <ol style="list-style-type: none"> 1. Individual's name; 2. Individual's Medicaid Client Identification Number (CIN) (if the individual is enrolled in the OPWDD HCBS Waiver); 3. Habilitation service provider's agency name; 4. Name of habilitation service(s) provided (e.g., Residential Habilitation or Day Habilitation); 5. Date (day, month, and year) of the Life Plan meeting, or Staff Action Plan review, from which the Staff Action Plan was developed/ revised; 6. Identification of the goals/valued outcomes (My Goal) from the individual's Life Plan; 7. Identification of the provider assigned (habilitative/safeguard) goal(s) and/or support(s) from the individual's Life Plan; 8. Description of the service(s) and support(s) and identification of the frequency from Section II or III of the Life Plan (e.g., teaching laundry skills weekly) the habilitation staff will provide to the individual; 9. Safeguards (i.e., compilation of all supports and services needed for an individual to remain safe, healthy and comfortable across all settings) that will be provided by the habilitation service provider, which may be a reference to internal guidance documents that further define the safeguards; 10. Printed name(s), signature(s) and title(s) of the staff who wrote the Staff Action Plan; 11. Date (day, month, and year) that staff signed the Staff Action Plan; and 12. Evidence demonstrating the Staff Action Plan was distributed no later than 60 days after: the start of the habilitation services; the life plan review date; or the development of a revised/updated Staff Action Plan, whichever comes first (which may include, but is not limited to: a monthly narrative note; a HITS upload; or e-mail).

Regulatory References	OPWDD ADM #2012-01, p. 7 OPWDD ADM #2014-01, p. 5 OPWDD ADM #2018-09R, pp. 12-13
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9.	Missing Residential Habilitation Plan/ Staff Action Plan Review
OPWDD Audit Criteria	<p>Claims will be disallowed if the relevant Habilitation Plan(s) is not developed, reviewed or revised as necessary at a minimum of at least once annually. At least annually, one of the residential habilitation plan reviews must be conducted at the time of the ISP meeting.</p> <p>There must be evidence that the Staff Action Plan was reviewed at least twice annually. Evidence of a review may include but is not limited to a: 1) Review sign-in sheet; 2) Service note indicating a review took place; and/or 3) Revised/updated Staff Action Plan.</p>
Regulatory References	14 NYCRR Section 635-99.1(bk) OPWDD ADM #2012-01, pp. 3-4, 7 OPWDD ADM #2018-09R, p. 13

10.	Missing Required Elements of the Residential Habilitation Plan/Staff Action Plan Review
OPWDD Audit Criteria	<p>Habilitation Plan: There must be evidence that the Habilitation Plan was reviewed within 12 months prior to the month in which the service occurs. Evidence of a review may include, but is not limited to, a review sign-in sheet, a service note indicating a review, or revised/updated Habilitation Plan.</p> <p>Evidence of reviews must include:</p> <ol style="list-style-type: none"> 1. the individual's name, 2. the habilitation service(s) under review, 3. the staff's signature(s) from the habilitation service, 4. the date of the staff's signature, 5. date of the review. <p>Staff Action Plan: Evidence of reviews must include the: 1) Individual's name; 2) Habilitation service(s) under review; 3) Staff signature(s) from the habilitation service(s); 4) Date of the staff signature(s); and 5) Date of the review.</p> <p>The claim will be disallowed if one or more of the required elements of the review are missing.</p>
Regulatory References	14 NYCRR Section 635-99.1(bk) OPWDD ADM #2012-01, pp. 3, 7 OPWDD ADM #2018-09R, p. 13

11.	Failure to Write the Initial Residential Habilitation Plan/Staff Action Plan Within 60 Days
OPWDD Audit Criteria	<p>For residential habilitation services, the initial Habilitation Plan must be written within 60 days of the start of the habilitation service and forwarded to the Medicaid Service Coordinator (MSC). The claim will be disallowed if the plan is not written within 60 days of the start of the habilitation service.</p> <p>The initial Staff Action Plan must be in place no later than 60 days of the start of the habilitation service, or the Life Plan review date, whichever comes first. Therefore, services that are provided no later than the first 60 days of the start of the habilitation service might not have a Staff Action Plan in place.</p>
Regulatory References	<p>14 NYCRR Section 635-99.1(bk) OPWDD ADM #2012-01, pp. 2-3, 7 OPWDD ADM #2018-09R, p. 13</p>
12.	Failure to Forward Revised Habilitation Plan/Staff Action Plan for Residential Habilitation Within Required Time Frames to the Service Coordinator/Care Manager
OPWDD Audit Criteria	<p>For service dates April 1, 2012, and after, a revised Residential Habilitation Plan must be sent to the recipient's service coordinator no more than 30 days after either (a) an ISP review date, or (b) the date on which the habilitation service provider makes a significant change to the plan.</p> <p>The claim will be disallowed if the revised plan was not forwarded within 30 days to the service coordinator.</p> <p>A revised Staff Action Plan, written by the habilitation service provider, must be provided to the Care Manager. Staff Action Plans must be provided to the Care Manager no more than 60 days after either: (a) a Life Plan review date; or (b) the date on which the habilitation service provider makes a change to the Staff Action Plan</p>
Regulatory References	<p>14 NYCRR Section 635-99.1(bk) OPWDD ADM #2012-01, p. 3 OPWDD ADM #2018-09R, p. 13</p>
13.	Missing Residential Habilitation Service Note - Service Day
OPWDD Audit Criteria	<p>On any service day there must be documentation of the individual's presence and provision of staff action. The claim will be disallowed in the absence of such documentation.</p>
Regulatory References	<p>14 NYCRR 635-10.5(b)(12)(i) OPWDD ADM #2014-01, pp. 5, 6</p>

14.	Missing Billing Standard Element - Service Day
OPWDD Audit Criteria	There are two standards for billing Supervised IRA-RH daily Service Days: Presence in the IRA and Provision of Staff Actions. The provider will document the day present by denoting lodging and services rendered to the individual. In addition to documenting presence, the Residential Habilitation staff must deliver and contemporaneously document the delivery of staff actions drawn from the individual's residential habilitation plan/staff action plan during the service time (day) billed. The claim will be disallowed in the absence of such documentation.
Regulatory References	14 NYCRR 635-10.5(b)(12)(i) OPWDD ADM #2014-01, pp. 3, 4, 5
15.	Missing Residential Habilitation Service Note - Therapeutic/Retainer Day
OPWDD Audit Criteria	On any therapeutic leave/retainer day there must be documentation that the individual was away from the residence, not receiving services from paid residential habilitation staff, and the purpose of the therapeutic leave or retainer day. The claim will be disallowed in the absence of such documentation.
Regulatory References	OPWDD ADM #2014-01, pp. 4, 5
16.	Missing Billing Standard Element - Therapeutic Day
OPWDD Audit Criteria	The habilitation plan/staff action plan should generally describe the purposes of the therapeutic leave that the individual uses and the general frequency of the leave. The claim will be disallowed in the absence of such documentation.
Regulatory References	OPWDD ADM #2014-01, pp. 4, 5
17.	Billing For Ineligible Therapeutic Leave Day
OPWDD Audit Criteria	On any therapeutic leave day, the individual may not receive another Medicaid-funded residential or in-patient service on that day. The claim will be disallowed if another Medicaid-funded or in-patient service was provided on that day.
Regulatory References	OPWDD ADM #2014-01, pp. 4, 5
18.	Billing For Ineligible Retainer Day
OPWDD Audit Criteria	A provider may bill for a retainer day for an individual who 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. The claim will be disallowed where the documentation does not support the individual's medical leave, other institutional, or in-patient Medicaid payment was made.
Regulatory References	OPWDD ADM #2014-01, pp. 4, 5

19.	Missing Required Elements in the Residential Habilitation Service Documentation
OPWDD Audit Criteria	<p>The claim will be disallowed if one or more of the following required elements are missing in the note:</p> <ol style="list-style-type: none"> 1. Individual's name and Medicaid number ("CIN"). 2. Identification of category of waiver service provided. 3. A description of the individualized service provided by staff that is based on the person's Residential Habilitation Plan. 4. The individual's response to the service. 5. The date the service was provided. 6. The primary service location. 7. Verification of service provision by the staff person delivering the service. 8. The signature and title of the staff person writing the note. 9. The date the note was written (completed contemporaneously).
Regulatory References	18 NYCRR 504.3 OPWDD ADM #2014-01, pp. 5, 6
20.	Missing or Inadequate Residential Habilitation Monthly Summary Note
OPWDD Audit Criteria	<p>Claims will be disallowed in the absence of the monthly summary note (completed contemporaneously). The monthly summary note must discuss any issues or concerns and summarize the implementation of the individual's Residential Habilitation Plan/Staff Action Plan and address how the individual responded to the services provided during the month.</p>
Regulatory References	18 NYCRR 504.3 OPWDD ADM #2014-01, pp. 5, 6
21.	Billing for Services Not Authorized by Operating Certificate
OPWDD Audit Criteria	<p>The claim will be disallowed if the agency does not have an operating certificate identifying certification for Residential Habilitation services.</p>
Regulatory References	New York State Mental Hygiene Law, Section 16.03(a)(4) 14 NYCRR Sections 619.2(d) 14 NYCRR Sections 619.3