



**Office for People With
Developmental Disabilities**

ADMINISTRATIVE DIRECTIVE MEMORANDUM

Transmittal:	06-ADM-01R
To:	Developmental Disabilities Regional Field Office (DDR FO) Directors Developmental Disabilities State Operations Office (DDSOO) Directors Executive Directors of Voluntary Agencies Care Coordination Organization (CCO) Administrators
Issuing OPWDD Office:	Division of Policy and Program Development
Date:	Originally issued January 1, 2006 Revised version issued November 9, 2023 effective November 11, 2023
Subject:	Group Day Habilitation Service Documentation Requirements
Suggested Distribution:	Habilitation Program/Service Staff Quality/Compliance Staff Billing Department Staff CCO and Basic HCBS Plan Support Care Managers and Care Manager Supervisors
Contact:	People First Waiver mailbox at peoplefirstwaiver@opwdd.ny.gov
Attachments:	

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
ADM#2018-9R ADM#2021-02R	ADM #2006-01	14 NYCRR §635-10.4, 14 NYCRR §635-10.5 42 CFR §441.301	MHL§§13.07, 13.09(b), 33.13, 43.02 OPWDD's Comprehensive HCBS Waiver §1915(c) of Social Security Act, 42 USC §1396n(c)	18 NYCRR §504.3(a) 18 NYCRR §517.3 14 NYCRR §635-4.5 New York False Claims Act – State Finance Law §192

PURPOSE

Effective January 1, 2006, OPWDD issued Administrative Memorandum #2006-01, which detailed Group Day Habilitation service documentation requirements that support a provider's claim for reimbursement. This ADM, ADM #2006-01R, revises and replaces ADM #2006-01. These edits reflect that on November 11, 2023, when the COVID-19 Appendix K authority ends, Day Habilitation services can no longer be provided in Individualized Residential Alternatives (IRAs), Community Residences (CRs), or Family Care (FC) Homes. People who do not live in a certified residence may continue to receive in-person or remote Day Habilitation services in their own home. People who require in-residence services and live in a certified residence may qualify for in-residence Community Habilitation-Residential. Requirements for in-residence Community Habilitation-Residential ("CH-R") are outlined in ADM 2021-02-R.

Updated information in this ADM, ADM #2006-01R, appear underlined and in red.

APPLICABILITY

The service documentation criteria in this ADM applies to Group Day Habilitation services provided to people enrolled in the Home and Community Based Services (HCBS) Waiver, as well as to non-waiver enrolled persons.

BACKGROUND

This memorandum describes the service documentation requirements for Group Day Habilitation and Supplemental Group Day Habilitation. Day Habilitation services can help people to acquire, retain or improve their self-help skills, socialization and adaptive functioning by working on skills like communication, travel and other areas in adult education to help people gain independence. Providers of Day Habilitation services must document service provision in order to bill for it. This ADM describes the service documentation requirements for appropriate Day Habilitation service billing.

DISCUSSION

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

Supplemental Group Day Habilitation services billed separately to Medicaid or OPWDD are designed for people who live at home, and not for people who live in certified residential settings. Supplemental Group Day Habilitation services must not be separately billed to Medicaid or OPWDD for people who live in certified residences. It is the responsibility of a certified residence to provide residential and other forms of habilitation services on weekday evenings and weekends.

There are four categories of Day Habilitation:

- Day Habilitation Site Based
- Day Habilitation Site Based – Supplemental
- Day Habilitation Without Walls
- Day Habilitation Without Walls – Supplemental

Additional guidance describing each of these categories is forthcoming. At this time, OPWDD considers Day Habilitation, Group Day Habilitation, and each of the four subtypes outlined above to be functionally equivalent for audit and billing review purposes.

1. Billing Standards

A. Prior Authorization

Providers cannot bill for day habilitation services for a person until the person receives prior authorization of this service from the Developmental Disabilities Regional Field Office (DDRFO).

B. Day Habilitation Categorization

Day Habilitation services are provided either as Group Day Habilitation or Supplemental Group Day Habilitation. Providers must list the correct billing code based on the category of Day Habilitation provided.

- Group Day Habilitation:
 - Generally provided to two or more individuals, 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 PM.
- Supplemental Group Day Habilitation:
 - Services delivered on a weekday with a service start time after 3:00 PM, or anytime on Saturday or Sunday.

C. Units of Service

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 person during the program day, and the program day duration is four to six hours in duration.
- A Half Unit: may be billed when staff deliver and document at least one individualized face-to-face Group Day Habilitation service to a person during the program day, and the program day duration is at least two hours.

D. Program Day Duration

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 person 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;
- Mealtime;
- Time at the person's certified residence; and
- Time the person spends at a separate service (e.g., a clinic service) and the time being transported to and from the separate service, except when:
 - The person receives Care Coordination with their Care Manager at a Day Habilitation service location; or
 - The Day Habilitation staff accompany the person to a Life Plan review meeting.

2. Service Documentation

Medicaid rules require that service documentation be contemporaneous with service provision. Required service documentation elements include:

- A. Person's name and Medicaid number (CIN).** Note that the CIN need not be included in daily documentation; rather, it can appear in the person's Staff Action Plan.
- B. 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 person's Life Plan should identify the category of waiver service as "Day Habilitation."
- C. 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 Staff Action Plan (e.g., the staff person documents that they "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."
- D. Documentation that the minimum service duration requirement was met.**
 - **For Group Day Habilitation:** the provider documents *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 person 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 person 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 person’s departure from the Group Day Habilitation program and the time the person returned.

E. The person’s response to the service. For example, the staff documents that: *“after several practice sessions, Jane was able to count the change she received after purchasing a magazine.”* Note that at a minimum, the person’s response must be documented in a monthly summary note, although a provider may choose to include the person’s response more frequently, e.g., daily.

F. The date the service was provided.

G. The primary service location, for example, “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.

H. 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.

I. The signature and title of the Group Day Habilitation staff person documenting the service.

J. The date the service was documented. Note that this date must be concurrent with service provision.

3. Service Documentation Format

An acceptable format for the service documentation 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.

Note: 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.

A. Narrative Note Format

If the narrative note format is selected, the documentation can be completed in one of two ways:

- i. 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 person's response to the service, a monthly summary note is required. This monthly note must summarize the implementation of the individual's Staff Action Plan, address the person's response to the services provided and any issues or concerns; **OR**
- ii. 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 person'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 person's response to the service delivery. Additionally, at least one of the daily notes written during the month must summarize the implementation of the person's Staff Action Plan and address any issues or concerns.

B. Checklist / Chart Format

For each day service delivered, a provider may choose to document the required face-to-face individualized Group Day Habilitation and Supplemental Group Day Habilitation services delivered by Group Day Habilitation staff using a checklist or chart.

If using a checklist or chart, the provider must also maintain a monthly summary note. The monthly summary note must:

- Summarize the implementation of the person's Group Day Habilitation Plan;
- Address their response to services provided; and
- Note any issues or concerns.

4. Other Documentation Requirements

In addition to the service note(s) supporting Group Day Habilitation or Supplemental Group Day Habilitation billing claims, the provider agency must maintain the following documentation:

- A. **A copy of the person's Life Plan**, covering the time period of the claim, developed by the person and their Care Manager. Although for billing and service documentation purposes we distinguish between the two categories of Day Habilitation (i.e., Group Day Habilitation or Supplemental Group Day Habilitation), the Life Plan should identify the category of waiver service as "Day Habilitation." The Life Plan, which is the "authorization" for waiver services, must also identify the agency as the provider of service. Further, the Life Plan must specify an effective date for Day Habilitation that is on or before the first date of service for which the provider agency bills Day Habilitation for the individual. The Life Plan should identify the frequency of Group Day Habilitation and Supplemental Group Day Habilitation as, "*day*."

- B. **The Staff Action Plan** developed by the agency that conforms to the requirements found in OPWDD's Staff Action Plan ADM 2018-09R. For both Group Day Habilitation and Supplemental Group Day Habilitation, the Staff Action Plans must be developed based on the habilitation provider's assigned goals and supports as outlined in the individual's Life Plan. Habilitation provider assigned goals and supports are established by the individual receiving services and their planning team during the Life Plan development process. Staff Action Plans detail how staff will provide supports and services to help the individual achieve their defined habilitative goals/valued outcomes.

DOCUMENTATION RETENTION

New York State regulations require Medicaid providers to prepare records demonstrating its right to receive Medicaid payment for a service. All documentation specified above, including the Life Plan and service documentation, must be prepared contemporaneously with the corresponding service and retained for a period of at least ten (10) years from the date the service was delivered or when the service was billed, whichever is later.