AUDIENCE: Providers of Waiver Funded Residential Services, Supports Coordination Organizations (SCOs), Administrative Entities (AEs)

PURPOSE: This communication is being issued to clarify the expectations for waiver funded Unlicensed Residential Habilitation (URH) service with respect to content and documentation requirements. Waiver funded URH is a residential habilitation service available to participants in the Consolidated Waiver only and is defined in the approved waiver.

BACKGROUND:

As a result of the survey of unlicensed residential habilitation homes conducted by ODP in May 2013, Provider Monitoring activities, Bureau of Financial Operations Audits and discussions with some URH providers during the winter and early spring of 2014, ODP is issuing clarification on the service content and documentation requirements for URH in order to:

- Substantiate the provision of services;
- Ensure compliance with the approved Individual Support Plan; and
- Support claims submission and payment.
DISCUSSION:

Residential Habilitation Services include direct (face to face) and indirect services provided to protect the health and welfare of participants who reside at the residential setting by assisting them in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Services consist of support in the general areas of self-care, communication, fine and gross motor skills, mobility, personal adjustment, relationship development, socialization, and use of community resources.

Residential Habilitation may be provided to participants who live in unlicensed, provider-owned, rented, leased or operated homes and family living homes that meet the following licensing exemptions:

- 55 Pa. Code §6400.3(f)(7) (for Community Homes), excludes community homes that serve three or fewer individuals with an intellectual disability 18 years of age or older who need a yearly average of 30 hours or less of direct staff contact per week per home; or

- 55 Pa. Code §6500.3(f)(5) (for Family Living Homes) excludes Family Living Homes that provide room and board for one or two individuals with an intellectual disability 18 years of age or older who need a yearly average of 30 hours or less of direct training and assistance per week per home from the Family Living Provider agency.

Documentation of service need and authorization:

The Individual Support Plan process should result in identifying recording, approving and authorizing needed supports for each waiver participant. Individual participants choosing URH to meet their support needs must meet the requirements for the licensing exemption as well as ODP Residential Habilitation service criteria.

Supports Coordinators and ISP teams should insure that an accurate description of the supports to be provided, both direct and indirect, are included in the ISP and relate to specific measurable outcomes. This should include the number of hours per week and specific habilitation training/activities as well as identification of indirect and direct supports. The SC and ISP team along with the AE must utilize the ISP review checklist, which includes the Residential Habilitation service criteria, prior to authorizing services and on-going as required to document the continued need for residential habilitation services.

Documentation of service provision/progress notes:

Providers of URH should document the activities of staff related to the outcome action plan each time they occur in order to maintain accurate records to support claims. As specified in 55 PA Code Chapter 51.15(a)(1), a provider shall document that the Home and Community Based
Service for which it claims payment were provided to the participant and that information submitted in support of the payment is true, accurate and complete. Documentation is required each time the service is rendered. The date, time, type (direct/indirect), duration and description of the staff support should be included. The provider also must complete progress notes as required by 55 Pa Code Chapter 51.16 (a-f). Providers may use one single form to support claims and as a progress note providing all elements are present for each. Documents which include all the necessary components for claims and progress notes are acceptable.

Some examples of activities and types of documentation follow:

Direct [face-to-face] services may be documented using contact forms, logs, activity sheets, or other written forms of documentation. Direct service documentation must include the date and time the service was provided and the activities that correspond to the ISP outcome. Pre-printed forms are acceptable provided they include the date and time and are signed by staff.

Indirect services are not face to face but rather via telephone or e-mail or text. Documentation of indirect services must include the date and time the service was provided and the activity that corresponds to the ISP outcome. These services often involve calls to remind individuals about a medical appointment or about their medications; morning wake-up calls to ensure the individual is on time for work; calls on behalf of the individual to schedule appointments, etc. Indirect could also include e-mails or texts to the individual. These e-mails or texts could be for the purpose of checking on the status of bill payments; planning weekend activities; communicating a shopping list, etc.

Maintaining a written telephone log with the contact information is expected. In place of a log, telephone records can be used to document the calls and texts and copies of the e-mails can be maintained. If the agency uses an automated telephone system for wake-up calls, that system also would provide written records. Documentation must be signed by the staff person who performed the indirect service. If an automated system is used, the program specialist or assigned primary staff must sign/initial that documentation. If the agency staff is initialing documentation, there should be a master signature and initial form similar to the Medication Administration Record Sheet (MARS).

An Electronic Visit Verification (EVV) System is an accepted method of documenting all direct contacts especially when the system includes coding which can be verified against the outcomes in the ISP.

ODP expects that all URH providers will have documentation systems in place that include both direct and indirect services within 30 business days of the date of this communication. Questions may be directed to your Regional Program Manager.