



ADMINISTRATIVE DIRECTIVE

Transmittal:	2015-ADM-5- <u>R</u>
To:	Executive Directors of Voluntary Provider Agencies Executive Directors of Agencies Authorized to Provide Fiscal Intermediary Services Developmental Disabilities Regional Office and State Operations Office Directors Care Managers and Care Coordinator Organizations
Issuing OPWDD Office:	Regional Offices Program Implementation
Date:	October 1, 2014; <u>REVISED 05/05/2022</u>
Subject:	Service Documentation for Individual Directed Goods and Services
Suggested Distribution:	Administrative Staff of Fiscal Intermediary Services Providers Support Brokers Quality Improvement Staff Care Coordinators (CCOs) and Supervisors who serve individuals receiving IDGS Regional Office Front Door Staff
Contact:	Self.direction.redesign@opwdd.ny.gov
Attachments:	Individual Directed Goods and Services (IDGS) Definitions Chart

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
2018-06R		14 NYCRR Part 633 and Subpart 635-10	MHL §§13.07; 13.09; 13.15; 16.00	10 years from date of service delivery or when service billed, whichever is later

Purpose:

This Administrative Memorandum (ADM) describes the payment standards and service documentation requirements to support a provider's claim for reimbursement for Individual Directed Goods and Services. New York State regulations require each Medicaid provider to prepare records to demonstrate its right to receive Medicaid payment for a service. These records must be "contemporaneous" and kept for **ten (10)** years from the date the services were provided.

Individual Directed Goods and Services are available only for Home and Community Based Services (HCBS) Waiver authorized participants who self-direct their services with a self-direction budget. When an individual chooses to receive IDGS, the individual must choose a Fiscal Intermediary (FI) to bill and administer the service.

This ADM was originally issued on April 10, 2014. It is now revised to include the current term "Life Plan." This revision also updates the Individual Directed Goods and Services (IDGS) Definitions Chart, separately attached. Additionally, the records retention requirement was changed. These changes appear in bold and are underlined.

Individual Directed Goods and Services:

Individual Directed Goods and Services (IDGS) are services, equipment or supplies not otherwise provided through OPWDD's HCBS Waiver or through the Medicaid State Plan that address an identified need in a participant's service plan, which includes improving and maintaining the participant's opportunities for full membership in the community. IDGS, as part of a person-centered plan, allow an individual to receive services in the most integrated setting possible. IDGS items and services decrease the need for other Medicaid services, promote inclusion in the community, and/or increase the individual's safety and independence in the home environment.

Participants self-directing their services receive an individualized budget that they direct pursuant to an approved plan.

Participants manage their IDGS services, as described in their Life Plan and Self-Direction Budget, to fully purchase or put funds towards their personal fiscal resources to purchase items or services which meet the following criteria:

- Are related to a need or goal identified in the Life Plan;

- Are for the purpose of increasing independence or substituting for human assistance, to the extent the expenditures would otherwise be made for that human assistance;
- Promote opportunities for community living and inclusion;
- Are able to be accommodated without compromising the participant's health or safety; and,
- Are provided to, or directed exclusively toward, the participant.

Qualifying expenses include, but are not limited to community classes, clinician services not otherwise funded through Medicaid, community membership dues, household appliances that assist a person to live independently, and staff management supports. Examples of expenses not allowed under IDGS include cell phones and telephones, leased vehicles, and experimental therapies. A full list of qualifying expenses are found in the "Individual Directed Goods and Services Definitions Chart."

Individual Directed Goods and Services Billing Standard and Service Documentation:

The billing unit for Individual Directed Goods and Services is a ten-dollar increment. Providers must bill in \$10 increments. Providers may not round up.

To bill IDGS, the FI agency must ensure that the services, equipment, and supplies are described in the participant's Self-Direction budget.

A summary of expenses paid on behalf of the participant along with supporting receipts/documents must also be made maintained. This expense summary must include:

1. Individual's name and Medicaid number (CIN).
2. Name of the FI agency paying for IDGS supports and services.
3. Identification of the category of waiver service provided (e.g., Individual Directed Goods and Services or IDGS).
4. A list of expenses paid on behalf of the participant.
5. The date(s) the expenses were paid.
6. The amount paid for each expense.

FI Provider Billing Instructions:

IDGS is billed to Medicaid in \$10 increments, with one unit equal to at least \$10 in expenditures. Due to limitations within the eMedNY system, a maximum of 99 units may be billed to Medicaid on a given date of service. This system limit equates to \$990 per date of service toward the statewide fee for IDGS. In regard to the \$10 increment, each \$10 threshold must be met to bill a unit of IDGS service and there will be no rounding up.

In instances where the FI has receipts and documentation substantiating allowable expenditures beyond the daily billing limit of \$990, OPWDD suggests billing eMedNY using consecutive dates of service. For example, if receipts and documentation substantiate \$1,500 in qualified IDGS reimbursement, OPWDD suggests submitting one claim for 99 units totaling \$990 on a given date of service and submitting an additional claim for the remaining balance of 51 units totaling \$510 on the next date of service. If receipts and documentation substantiate \$3,000 in qualified IDGS reimbursement, OPWDD suggests billing the full amount to eMedNY by using four consecutive dates of service as follows: Day 1 = 99 Units/ \$990, Day 2 = 99 Units/ \$990, Day 3 = 99 Units/ \$990, and Day 4 = 3 Units/ \$30.

The monthly FI fee associated with IDGS is to be billed to eMedNY on the first of the calendar month following the final IDGS claim for an individual. If IDGS is the only service provided to an individual by the FI, the FI is entitled to a single monthly FI fee for that individual even if the FI submitted IDGS claims using dates of service in different months.

Life Plan Documentation Requirements

The Fiscal Intermediary must have a copy of the individual's current Life Plan on file. The individual's Care Manager develops the Life Plan for individuals enrolled in the HCBS Waiver. The Life Plan must include the following elements related to the IDGS:

- **Identification of the IDGS category of waiver service (i.e., Individual Directed Goods and Services);**
- **Identification of the Fiscal Intermediary agency that is billing IDGS;**
- **Specification of an effective date that is on or before the first date of service for which the Fiscal Intermediary bills IDGS for the individual;**
- **Specification of the frequency for IDGS is "Day" or "Expenditure;" and**
- **Specification of the duration as "ongoing."**

Effective July 1, 2022 Care Coordination Organization Care Managers must identify the frequency (Unit) as Expenditure in the Life Plan Section IV. Existing Life Plans that include IDGS should be updated to reflect the change in service frequency from Day to Expenditure during the individual's next semi-annual Life Plan Review but no later than July 1, 2023.

IDGS must be documented in the Life Plan as follows:

<u>Section IV</u> <u>HCBS Waiver and Medicaid State Plan Authorized Services</u> <u>This section of the Life Plan includes a listing of all HCBS Waiver and State Plan services that have been authorized for the individual.</u>							
<u>Authorized Service</u>	<u>Provider/Facility</u>	<u>Effective Dates</u>	<u>Unit</u>	<u>Comments</u>			
<u>Individual Directed Goods and Services</u>	<u>Fiscal Intermediary Name</u>	<u>Effective date that is on or before the first date of service for which the Fiscal Intermediary bills IDGS for the individual</u>	<table border="1"> <tr> <td><u>Day or Expenditure</u></td> </tr> <tr> <td><u>Expenditure</u></td> </tr> <tr> <td><u>7/1/2023 forward</u></td> </tr> </table>	<u>Day or Expenditure</u>	<u>Expenditure</u>	<u>7/1/2023 forward</u>	<u>Duration: Ongoing</u>
<u>Day or Expenditure</u>							
<u>Expenditure</u>							
<u>7/1/2023 forward</u>							

Individual Directed Goods and Services is not a habilitation service under the HCBS waiver, and therefore, a Habilitation Plan/Staff Action Plan is not required for this service.

Records Retention:

All documentation specified above, including the **Life Plan** and service documentation, **must be 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.