ADMINISTRATIVE MEMORANDUM

Transmittal:	19-ADM-06
To:	Executive Directors of Voluntary Provider Agencies Developmental Disabilities Regional Office and State Operations Office Directors Care Managers and Care Coordination Organizations (CCO) CEOs
Issuing OPWDD Office:	Division of Service Delivery, Regional Offices
Date:	July 1, 2019
Subject:	Service Documentation for Support Brokerage Services
Suggested Distribution:	OPWDD Providers Quality Improvement Staff Care Managers Support Brokers Regional Office Front Door Staff Regional Office Self-Direction Staff Central Office Leadership Team
Contact:	Self-Direction Unit Self.direction.redesign@opwdd.ny.gov
Attachments:	

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
#2018-05	#2015-06		MHL §§13.07; 13.09; 13.15	18 NYCRR 504.3(a)

Purpose:

This Administrative Memorandum (ADM) updates and replaces ADM #2015-06 and describes the service, program and payment standards, and service documentation requirements to support a provider's claim for Medicaid reimbursement for Support Brokerage. Support Brokerage Services are available for Home and Community-Based Services (HCBS) Waiver authorized individuals who Self-Direct their services. Individuals Self-Directing their services receive an individualized budget that they direct pursuant to an approved plan.

Background:

Support Brokerage is a service available for individuals who Self-Direct some or all of their services with Budget Authority. A Support Broker assists the individual with developing a Self-Directed budget and the day-to-day management of Self-Directed services. A Support Broker provides support and training to individuals and their families regarding the ongoing decisions and tasks associated with Self-Direction.

The extent of the assistance provided is determined by the individual and is specified in a written agreement signed by the individual and Support Broker.

Support Broker Services:

Required Billable Support Brokerage Services:

Required Billable Support Brokerage services must be provided to the individual, as needed. Required Billable Support Brokerage services include:

- Assisting the individual in developing and maintaining a Circle of Support/Planning Team and assisting in planning and directing meetings (this includes: assisting the individual in scheduling and facilitating meetings; identifying new members; identifying and assigning roles and tasks for Circle of Support/Planning Team members; assisting with the overall functioning of the Circle of Support/Planning Team; ensuring members are freely chosen by the individual; and the team is operating in the individual's best interests and within the principles of Self-Determination);
- Meeting with the individual's Circle of Support/Planning Team, at least twice a year as detailed in the Circle of Support/Planning Team Meetings section below;
- Ensuring completion of and updates to Staff Action Plans for self-hired Community Habilitation and Supported Employment (SEMP) staff for individuals who receive such services;
- Assisting the individual to develop a comprehensive Self-Directed Budget that is consistent with his/her Life Plan; and
- Working with the individual and his/her Circle of Support/Planning Team to ensure that all necessary safeguards are included and addressed in the Life Plan.

Allowable Billable Support Brokerage Services

Person centered Support Broker services must be clearly identified and detailed in the Support Broker Agreement. Allowable services may include:

- Assisting the individual with developing a comprehensive Life Plan;
- Providing education, training, and technical assistance to the individual and his/her Circle of Support/Planning Team in implementing the Self-Directed Budget according to applicable federal and state standards;
- Working with the individual, his/her Circle of Support/Planning Team, and the Care Manager to identify and develop initial connections in the community, as identified in the individual's Life Plan;
- Monitoring Self-Direction expenditures to ensure that spending does not exceed the Self-Directed Budget by assisting the individual and the Circle of Support/Planning Team to review the expenditure report provided by the Fiscal Intermediary (FI);
- Working with the individual and Circle of Support/Planning Team to review and update the Self-Direction Budget, as needed, so that it meets the needs of the individual and remains current and eligible for Medicaid funding;
- Attending the individual's Life Plan reviews and assisting the individual with reviewing and updating his/her Life Plan as requested;
- Ensuring that at least two face-to-face Circle of Support/Planning Team meetings occur each year;
- Assisting the individual with properly documenting services according to applicable federal and state regulations and policy (including assisting the individual with reviewing and submitting documentation to the FI, such as: employee time sheets; monthly summary note; mileage and expense reimbursement forms; and all other required documentation); and
- Assisting the individual with hiring and retaining appropriate support staff (including assisting the individual in recruiting, interviewing, hiring, scheduling, and supervising self-hired staff, and assisting the individual with identifying and retaining adequate back-up staffing to ensure availability as needed by the individual).

Billing for Support Brokerage Services Delivered Without the Individual Present:

Other than the required Circle of Support/Planning Team meetings, Support Brokerage Services may be delivered in a variety of ways, such as: in person (face-to-face); remotely (e.g., telephone, email, or other); or on behalf of an individual who is not physically present at the time of service delivery.

Services delivered on behalf of an individual who is not physically present at the time of service delivery may be delivered and billed for during times when an individual is receiving another OPWDD service. This is not considered double billing because the individual is receiving two separate services. Service records must clearly identify that the individual was not present.

Staff Action Plans:

As a part of the Inter Disciplinary Team (also known as the Care Planning Team), the Broker is responsible for completing and updating the required Staff Action Plans for self-hired Community Habilitation staff and self-hired Supported Employment staff when the individual has chosen that option in his or her Self-Direction budget. The Staff Action Plans are written based on habilitation goals in the individual's Life Plan as identified and developed as part of the person-centered life planning process and meetings.

Start-Up Phase of Support Brokerage:

During the Start-Up phase, the Support Broker assists the individual with developing a complete and approvable Self-Direction budget within the individual's Personal Resource Account (PRA) amount. This assistance may include helping the individual develop a Circle of Support/Planning Team. Additional activities such as hiring staff, assisting with service documentation, and other tasks as specified in the relevant sections above are allowed and must be outlined in the Support Brokerage agreement.

Support Brokerage Services during the Start-Up phase are considered Brokerage Services and must follow the same requirements as Brokerage Services. However, Brokerage Services during the Start-Up phase do not count against the individual's Personal Resource Account (PRA). Rather, they are capped at a specific amount that is listed separately on the Start-Up Self-Direction Budget.

Circle of Support/Planning Team Meetings:

Support Brokers must have at least two face-to-face Circle of Support/Planning Team meetings with the individual during a one-year period. This one-year period begins on the date that the Broker signs the Support Broker Signature line on the initial Support Broker Agreement between the individual and the Support Broker. The one-year period repeats on the anniversary date of the Support Broker Signature.

If the individual does not have an approved budget with an effective date within 180 days of the date of the Support Broker Signature on the initial Support Broker Agreement, there must be at least one face-to-face Circle of Support meeting for the first year. The two Circle of Support meeting requirement resumes the following year and every year thereafter.

Example 1:

The Broker signs the initial Support Broker Agreement on June 1. The individual does not have an approved budget until the next January 1. As this is 214th day after the date the Broker signed the initial Support Broker Agreement, there must

be one face-to-face Circle of Support/Planning Team meeting before the next June 1 and then two face-to-face Circle of Support/Planning Team meetings each year thereafter.

Example 2:

The Broker signs the initial Support Broker Agreement on June 1. The individual does not have an approved budget until the next November 1. As this is the 153rd day after the date the Broker signed the initial Support Broker Agreement, there must be two face-to-face Circle of Support/Planning Team meetings before the next June 1 and then two face-to-face Circle of Support/Planning Team meetings each year thereafter.

The Circle of Support/Planning Team meeting counts towards the billing standard if the individual and the Support Broker are physically present (i.e., face-to-face) at the meeting. Telephone, videoconferencing, or other virtual methods do not meet the face-to-face standard. Other members of the Circle of Support, such as the care manager or family member, may participate in person or remotely.

Billing:

For Support Broker services to be billable, the Support Broker must be authorized by OPWDD at the time of service delivery. Specific standards for authorization are established by OPWDD and detailed in Administrative Memorandum #2019-05. The Fiscal Intermediary billing for Support Broker services is responsible for verifying that the broker providing the service is authorized at the time of service delivery.

The unit of service for Support Brokerage is an hour. Services are billed in 15-minute increments, with a full 15 minutes of service required to bill a single increment. There is no “rounding up.” However, multiple sessions of billable service activities on the same day may be added together. Only time spent providing required and/or allowable activities can be billed.

Example 1:

A Support Broker provides 45 minutes of allowable services on 5/9/2018. She may bill three 15-minute increments of service for 5/9/2018.

Example 2:

A Support Broker provides 40 minutes of allowable services on 1/2/2018. He may only bill two 15-minute increments of service on 1/2/2018.

Example 3:

A Support broker provides 33 minutes of allowable services for an individual on the morning of 9/13/2018. Later that afternoon, the Broker provides an additional 40 minutes of allowable services for the same individual. The Broker may add the sessions for a total of 73 minutes of service delivery, and may bill for four 15-

minute increments of service on 9/13/2018. The additional thirteen minutes of service delivery cannot be rounded to a fifth 15-minute increment of service.

For each continuous period of service delivery (or "session"), the Support Broker must contemporaneously document the services and supports provided by the Support Broker that are drawn from the Support Broker agreement between the individual and the Support Broker.

The Provider must also document the service start time and service stop time for each session. The billable service time for Support Brokerage is the time when the Support Broker provides services to or on behalf of an individual, and the services provided are drawn from the Support Broker agreement.

An individual may receive Support Brokerage and care management within the same time period as long as those services are not duplicative.

An agency providing Support Brokerage may provide other services. However, Support Brokers cannot provide Care Management or HCBS Waiver services to individuals they serve.

Support Broker Service Documentation:

Medicaid rules require that service documentation be contemporaneous with the service provision. The following elements are required for the service documentation:

1. Individual's name and Medicaid number (CIN);
2. Name and Authorization Number of the Support Broker providing Brokerage Services;
3. Identification of the category of waiver service provided (e.g., Support Broker or Support Brokerage);
4. Description of Support Brokerage Services provided during each "session" (or continuous period of Support Brokerage service provision) that are drawn from the Support Brokerage agreement, with services identified as either face-to-face or non-face-to-face;
5. Documentation of start and stop times (i.e., the Support Broker must document the service start time and service stop time for each continuous period of service provision or "session");
6. Date the service was provided;
7. Signature of the Support Broker delivering and documenting the service; and
8. Date the service was documented and signed by the Support Broker

The Support Broker must have evidence showing that the required Circle of Support/Planning Team meetings occurred. Evidence may include, but is not limited to, the service documentation described above or meeting minutes. Service documentation for a Circle of Support/Planning Team meeting requires:

1. Individual's name;
2. Name and Authorization Number of the Support Broker providing Brokerage Services;
3. Identification of the category of waiver service provided (e.g., Support Broker or Support Brokerage);
4. Identification of attendees;
5. Description of the discussion and results of meeting (e.g. topics discussed, services reviewed and changes that need to occur to the individual's plan and budget or, when appropriate, an indication that no changes are to be made.);
6. The date the meeting took place;
7. The signature of the Support Broker; and
8. The date the documentation was signed by the Support Broker.

The Support Brokerage agreement is a written document describing the broker's responsibilities. The following elements are required in a Support Brokerage agreement:

1. Individual's name;
2. Name and Authorization Number of the Support Broker providing Brokerage Services;
3. Name of the agency for which the Support Broker works (or, if not affiliated with an agency, state that the broker is independent);
4. A description of the responsibilities that the Support Broker is expected to provide;
5. The signature of the Support Broker;
6. The date that the Support Broker signed;
7. The signature of the individual (or designee or guardian); and
8. The date that the individual (or designee or guardian) signed.

The Support Brokerage agreement should be reviewed regularly and must be updated as needed. It is expected that responsibilities for brokerage services delivered during the Start-Up phase will be different than those provided during the ongoing brokerage services. Therefore, the agreement must be updated to reflect new tasks. A copy of the agreement must be provided to the Fiscal Intermediary and the individual's local OPWDD's Developmental Disabilities Regional Office.

The Authorization Number of the Support Broker is not required on Service Documentation generated prior to August 1, 2019.

Life Plan Documentation Requirements

The Fiscal Intermediary must have a copy of the individual's current Individualized Service Plan (ISP) or Life Plan on file. The individual's Care Manager develops the ISP/Life Plan for individuals enrolled in the HCBS Waiver. The ISP/Life Plan must include the following elements related to the Support Brokerage service:

- Identification of the Support Brokerage category of waiver service (i.e., Support Brokerage or Support Broker);

- Identification of the Fiscal Intermediary agency that is billing Support Brokerage Services;
- Specification of an effective date that is on or before the first date of service for which the Fiscal Intermediary bills Support Brokerage services for the individual.
- Specification of the Frequency as “hourly” or “hour; and
- Specification of the Duration as “ongoing”.

If the individual’s active plan of care is an ISP, Support Broker services must be documented in the ISP as follows:

Name of Provider: Name of the Fiscal Intermediary **Type of Service:** Support Brokerage **Frequency:** Hour or Hourly **Duration:** Ongoing **Effective Date:** Effective date of Support Brokerage services

If the individual’s active plan of care is a Life Plan, Support Brokerage services must be documented in the Life Plan as follows:

Section IV **HCBS Waiver and Medicaid State Plan Authorized Services** *This section of the Life Plan includes a listing of all HCBS Waiver and State Plan services that have been authorized for the individual.*				
Authorized Service	Provider/Facility	Effective Dates	Unit	Comments
Support Brokerage	Fiscal Intermediary Name	Effective date range of the Life Plan	Hour or Hourly	Duration: Ongoing

Support Brokerage 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:

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 six years from the date the service was provided. 18 NYCRR 504.3(a).

All documentation specified above, including the Life Plan and service documentation, must be retained for a period of at least six years from the date the service was delivered or when the service was billed, whichever is later.

For additional information on the documentation requirements contact the OPWDD Self-Direction Unit at self.direction.redesign@opwdd.ny.gov.

cc: Abiba Kindo
Kate Marlay
Joanne Howard
Earl Jefferson
Jacqueline McManus
Chad Colarusso