NY HCBS Children Record Tool

Effective Date: September 4, 2024

General Documentation

Question	
1	Each member has a separate record.
2	The record is clearly legible to someone other than the writer.
3	Each record includes the member's address, telephone numbers including emergency contacts, relationship or legal status, and guardianship information if relevant.
4	The record includes the recipients most current plan of care from referring entity.

Admission

Question	
5	The record contains intake documentation.
6	The intake includes education and choice of the participant/family.
7	The Intake includes determination of service necessity.
8	The Intake includes the HCBS Service Plan inclusive of frequency, scope and duration.
9	The intake includes progress notes.
10	The intake includes health and safety documentation.
11	The intake includes discharge plan.
12	Outreach is made to child/youth and family caregiver to establish initial contact and engage in scheduling the initial appointment.
13	An appointment is made in the established time per service and per service type , in accordance with agency standards and requirements.
14	Contact is maintained and engagement efforts are continued with he child/youth and family/caregiver until the appointment occurs.
15	All communications with referral sources, family/caregivers , the multidisciplinary team and other collaterals is HIPPA compliant and documented in the child/ youths case record.
16	'Provider's interventions acknowledge, respect and integrate the child/youth's and family/caregiver's beliefs, cultural values and practices.
17	The supporting documentation (including frequency, scope and duration) that substantiates the need for the specific service is maintained in the child/youth's record and documentation for primary diagnosis.
18	Documentation of recipient restriction/exemption code (K codes) to indicate which waiver service child is enrolled in and their specific population category (K1, K3, K4, K5, K6, K9).
19	Documentation for primary diagnosis is maintained in the child/youth's record.
20	Documentation of education related to how to report a complaint and/or grievance.
21	Documentation of education related to how to report abuse or suspected abuse.
22	Documentation of education related to when and how to request a fair hearing.

Service Provision

Question	
23	Services are delivered in a trauma informed, culturally and linguistically competent manner.
24	Services are provided in accordance with the service plan and frequency, scope and duration of services should match the plan of care.
25	The record documents missed appointments and there is evidence of consistent follow-up on missed appointments.

26	There is evidence that scheduling is flexible, at the convenience of member/caregiver and includes evenings and weekends.
27	Barriers to participation in services are identified and addressed with child/youth and family/caregiver.
28	Service settings are conducive to the provision of services in meeting treatment goals/objectives.
29	There is evidence that HCBS providers attend meetings that discuss the POC, communicate with care managers regarding the child/youth's progress toward goals and/or any changes in status/significant life events, and be aware of care management requirements to facilitate an effective conversation with the child/youth.

Community Habilitation Service

Question

30	For Community Habilitation Services, The activities provided are coordinated with the performance of ADLs, IADLs, and health-related tasks (member must have intellectual and developmental disabilities (I/DD) to use this service).
31	For Community Habilitation Services are limited to 24 units per day.

Day Habilitation Services

Question

32	For Day Habilitation Services- All Day Habilitation services (Group and Individual) have the same service description and focus on enabling the participant to attain or maintain his or her maximum functional level.
33	For All Day Habilitation services (Group and Individual) shall be coordinated with any physical, occupational, or speech therapies in the POC.
34	For Day Habilitation Services - Service necessity criteria for this service requires that the child/youth must have a developmental delay justifying the need for the provision of Day Habilitation.
35	For Day Habilitation the service limit is 24 units per day and must commence no later than 3pm.

Caregiver Family Advocacy Sup

Question

36	Caregiver/Family Advocacy and Support: POC objectives must clearly state how the service can prevent as well as ameliorate existing problems and to what degree.
37	Caregiver/Family Advocacy and Support- There is evidence that the services provided enhances the child/youth's ability to function in the family unit and that the services provided enhances the family's ability to care for the child/youth in the home and the community.
38	Caregiver/Family Advocacy and Support-There is evidence that the service providers offered techniques and information not generally available so that they can better respond to the needs of the participant.
39	Caregiver/Family Advocacy and Support services are limited to 24 units per day or 6 hours per day.

Planned Respite

Question

40	For Short-Term Respite: Planned Respite activities support the POC goals and include providing supervision and activities that match the child/youth's developmental stage and continue to maintain the child/youth health and safety.
41	For Short-Term Respite: Services are limited to 24 units per day.

Crisis Respite

Question

42	For Crisis Respite: Crisis Respite is included on the Plan of Care and is an element of the crisis plan /risk mitigation strategy and used only in response to an immediate crisis.

Prevocational Services

Question	
43	For Prevocational Services, there is evidence that the youth has a disability that does not permit them access to other prevocational services, are 14 or older and are utilized to help youth engage in paid work , volunteer work, or career exploration. The service is listed in the youth's POC.

Palliative Care

Question	
44	For Palliative Care (Expressive Therapy) , the child/youth must meet LOC functional criteria and suffer from the symptoms and stress of a chronic medical, physical, , or developmental condition or life- threating illness. There is evidence that there is a doctor's (Physician, Physician Assistant, Nurse Practitioner, Occupational Therapist, Physical Therapist or Psychiatrist)/ written order justifying expressive therapy and the written order must be in the child/ youth's POC.

Service Planning

Question	
45	The HCBS service plan is individualized to the circumstances and preferences of the child/youth and family/caregiver, it outlines each HCBS services the HCBS provider is providing to the child/ youth and includes desired goals and outcomes.
46	Ethnic, religious and cultural identities are integrated into the POC as needed.
47	The development of the HCBS service plan begins during the first meeting with the child/youth and family/caregiver as the goals are discussed.
48	The HCBS Service Plan must be completed within 30 days of the first face to face appointment with the child/youth and family/caregiver.
49	The HCBS service Plan includes: date developed, goals and objectives of the service(s), service components and interventions being provided and utilized to address the identified needs of the child, how long the service will be delivered to the child and/or family and how often the service will be offered to the child and/or family including Scope, Duration and Frequency).
50	The HCBS Service Plan is monitored regularly and reviewed at minimum, every six months; If the member experienced a significant life event, there is evidence the HCBS Service Plan was reevaluated to determine whether the goals remain appropriate.
51	HCBS Service Plan review reflects ongoing coordination with the multidisciplinary team as well as active participation with the family, to review progress of the child/youth toward goals/objectives.
52	The HCBS Service Plan must be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. At a minimum, language that is understood by and meaningful to the member.
53	The HCBS Service Plan is distributed to the child/youth and other people involved in the plan.

Progress Notes

Question	
54	All progress notes include who rendered services, their job title, including any relevant licensure/certifications and are dated and signed (including electronic signature for EMR systems) where appropriate.
55	All progress notes include the date of service.
56	All progress notes include the start and end time of service provided.
57	All progress notes include the type of contact (telephonic or in person)
58	All progress notes document the length of service rendered.
59	All progress notes include the modality of the session (individual, family , group).
60	All progress notes include the type of HCBS provided.
61	All progress notes document the length of services rendered; progress notes should not refer to multiple services, multiple days of service delivery or contain information about services delivered by multiple staff members.

62 If applicable, Progress notes include any significant information impacting services, including child/youth and family caregivers' preferences, coordination with the multidisciplinary team, and consideration of the need for changes to the plan.

63 All Progress notes include the setting of the service is clearly documented and is the least-restrictive most natural environment.

64 All progress notes include the plan or next steps regarding changes to he service or continuation service.

65 All progress notes include the signature of the individual completing he note (electronic signatures are permitted).

66 All progress notes must be completed within 10 business day s of the encounter.

67 All progress notes should provide a record of the child/youths progress toward s established service goals and an overview of the interventions utilized during service delivery in alignment with the Service Plan.

Discharge and Transfer

Question

68 Discharge plan considers the child/youth and family/caregiver's circumstances and preferences and the record reflects that the decision making occurs with the child/youth, family/caregiver and collaterals regarding readiness for discharge and needed follow up services.

69 Discharge summaries are completed that identify services provided, the child/youth's response, progress toward goals, circumstances of discharge and efforts to re-engage if the discharge was not planned.

70 If the recipient transferred/discharged from the service, there was evidence the transition was coordinated with other appropriate agencies and/or supports and linkage to services is facilitated (e.g., identification of alternative providers, assistance with obtaining appointments, contact names and numbers provided, etc.) and the reason and process for the change in provider must be documented in the participant's case record.

71 The discharge plan summarizes the reason(s) for treatment and the extent to which treatment goals were met.

72 HCBS records are completed within 30 days following discharge.

73 In all instances of discharge from HCBS, the provider must execute and document the discharge planning process for the particular services(s) in the participant case records within 30 days.

74 There is evidence of supervisory oversight of the HCBS record (Records are reviewed on a regular basis with appropriate actions taken).