

Residential Habilitation/Structured Day Habilitation Requests Quick Reference Guide

Overview: **START DATE 8/1 updated 3/21**

To provide information to Service Coordinators (SC's) on how to assist a participant who is requesting Residential Habilitations/Structured Day Habilitation services.

Process:

1. Identify a need for a participant which requires one of the following:
 - a. Residential Habilitation – Services delivered in a provider-owned or provider operated setting where the participant lives, which include community integration, nighttime assistance, personal assistance services to help with activities of daily living such as bathing, dressing, eating, mobility, and toileting, and instrumental activities of daily living such as cooking, housework, and shopping, so that the participant get the skills needed to be as independent as possible and fully participate in community life.
 - b. Structured Day Habilitation – Day services in a small group setting directed to preparing a participant to live in the community, which include supervision, training, and support in social skills training.
2. Update the PCSP at the time of the encounter outlining the Residential Habilitation/Structured Day Habilitation need.
 - a. Ensure a goal is tied to the Residential Habilitation/Structured Day Habilitation need.
 - b. Add Residential Habilitation/Structured Day Habilitation to the service plan (example below)
 - Service or Item Type: Residential Habilitation or structured Day Habilitation
 - Frequency: Weekly
 - Amount: Day per week or Hours per week (will depend on the request code)

Person Centered Service Plan

Service Plan							
Action: Explain - This is a summary of all services that member will receive/receives and what goal it will help member reach							
Service or Item Type	Residential Habilitation			Start Date	7/21/23	End Date	7/20/24
Frequency	Weekly	Amount	3	Delivery	Agency Option		
Service Details				Provider			
W0101 U4, 3 hours per week Residential Habilitation 1-3 Supp 1:1				Provider name + Phone number			

Service Plan							
Action: Explain - This is a summary of all services that member will receive/receives and what goal it will help member reach							
Service or Item Type	Structured Day Habilitation			Start Date	7/27/23	End Date	7/26/24
Frequency	Weekly	Amount	40	Delivery	Agency Option		
Service Details				Provider			
W0105 U4, 40 hours per week Structured Day 1:1				Provider name + Phone number			

Specify code/modifier for request

	Procedure Code	Service Description	Unit Measurement
Residential Habilitation	W0100	Residential Habilitation 1-3	Days/ 1 day = 1 Unit
	W0101 U4	Residential Habilitation 1-3 Supp 1:1	Hours/ 1 hour = 1 Unit
	W0101 U5	Residential Habilitation 1-3 Supp 2:1	Hours/ 1 hour = 1 Unit
	W0102	Residential Habilitation 4-8	Days/ 1 day = 1 Unit
	W0103 U4	Residential Habilitation 4-8 Supp 1:1	Hours/ 1 hour = 1 Unit
	W0103 U5	Residential Habilitation 4-8 Supp 2:1	Hours/ 1 hour = 1 Unit
Structured Day Habilitation	W0104	Structured Day Habilitation Group	Hours/ 1 hour = 1 Unit
	W0105 U4	Structured Day Habilitation 1:1	Hours/ 1 hour = 1 Unit
	W0105 U5	Structured Day Habilitation 2:1	Hours/ 1 hour = 1 Unit
Therapeutic Behavioral Services	H2019	Therapeutic Behavioral Services	Hours/ 15 mins = 1 Unit
	92057 -SE	Cognitive Rehabilitation	Hours/ 15 mins = 1 Unit



4/1

3. Complete and submit the Service Request Tool (SRT). Screenshot examples below:

Request Details (5)
NOTES (0)
+

*** What HCBS benefit is being requested?**

Other (non-covered benefit)
✕ ▼

*** What is the Request type?**

New Request
✕ ▼

Did member specify a start date for this request, and if so enter here?

07/27/2023
✕

MM/DD/YYYY

Enter the CURRENT authorized amount. (Not required for new requests)

Current Units of Measure

Unit(s)
✕ ▼

Current Frequency

Weekly
✕ ▼

Enter the requested NEW total amount. (Required for Increase, New Request, and Reduction requests)

40
✕

Requested Units of Measure

Hours(s)
✕ ▼

Requested Frequency

Weekly
✕ ▼

*** What is the reason for this request? (elaborate using enrollee's / authorized representative's words regarding what needs are not being met with the current plan of care):**

Structured Day Rehabilitation 1:1 / W0105 U4
Service Plan for X provider uploaded
Participant will benefit from the above service because X

*** Describe CC's findings (i.e. changes in caregiver support status, changes in ADL's or IADL's, changes in 701B) related to this request:**

SC obtained documentation from X provider for Structured Day Habilitation 1:1 and uploaded it for review.
SC agrees with care plan provided.

- a. Upload the provider care plan
 - Naming convention: CarePlan_Lastname_Firstinitial_MA#_date

4. Communicate the request to PHW one of two ways:
 - a. Call PHW Customer Service line at (844) 626-6813
 - b. Email at information@pahealthwellness.com

Note: PHW team will conduct an internal review and make a determination.

5. Once a determination has been made, SC will follow the notification process guidelines.