



**ADMINISTRATIVE MEMORANDUM**

<b>Transmittal:</b>	21-ADM-07
<b>To:</b>	Executive Directors of Agencies Certified to Provide Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) Executive Directors of Voluntary Provider Agencies Developmental Disabilities State Operations Offices (DDSOO) Directors Developmental Disabilities Regional Offices (DDRO) Directors Executive Directors of Care Coordination Organizations/Health Homes
<b>Issuing OPWDD Office:</b>	Division of Program Implementation – Regional Offices; CSIDD Unit
<b>Date:</b>	December 21, 2021
<b>Subject:</b>	Resource Center
<b>Suggested Distribution:</b>	CSIDD Program Directors Central Office Leadership Team CSIDD Administrative Staff Quality Improvement Staff Billing Department Staff Care Managers and Supervisors Regional Office CSIDD Liaisons Regional Office Eligibility/Front Door Staff
<b>Contact:</b>	Division of Program Implementation – Regional Offices; CSIDD Unit CSIDDCOF@opwdd.ny.gov
<b>Attachments:</b>	Resource Center Admission Approval Form Emergency Resource Center Admission Approval Request for Individuals Residing in a Certified Setting Resource Center Participation Agreement Request for Extension of Resource Center Admission

<b>Related ADMs/INFs</b>	<b>Releases Cancelled</b>	<b>Regulatory Authority</b>	<b>MHL &amp; Other Statutory Authority</b>	<b>Records Retention</b>
ADM 2017-01 21-ADM-01R3		14 NYCRR Parts 619; 635; 633; and 686	MHL §§ 13.07; 13.09; 13.15; 13.17; 16.00; 16.03; 16.05; and 16.13	18 NYCRR 504.3(a) NY State Finance Law §192

## **APPLICABILITY:**

This Administrative Memorandum (ADM) defines the service, billing, and documentation requirements for Resource Centers serving individuals enrolled in Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). This ADM applies to all provider agencies that operate an Individualized Residential Alternative (IRA)/Free Standing Respite (FSR) certified by the Office for People With Developmental Disabilities (OPWDD) and designated by OPWDD as a Resource Center.

Resource Centers provide crisis stabilization, assessment, treatment, and identification of interventions to reduce stress for the individual and their supports with the goal of avoiding hospitalizations or emergency services and provides short term supports to individuals who are unable to access other community respite supports.

The Resource Center is a voluntary, short-term, and targeted service offering structured, community-based support in a home-like setting with clearly established treatment and discharge plans. Resource Center admissions aim to avoid more restrictive out-of-home placements, such as hospitalizations, and to improve access to less restrictive community supports.

## **CSIDD PROVIDER RESPONSIBILITY TO ENCOURAGE INTEGRATED CARE:**

Ongoing collaboration among the individual, family, caregiver, the individual's existing Care Manager, CSIDD team, and existing support network is crucial. Recommendations for treatment and or strategies used to support the individual must be incorporated into existing plans, as appropriate, to help support the individual after each episode of care.

While complying with the requirements set forth in this ADM, the CSIDD team must work in collaboration with the individual's existing Care Manager to encourage that needed services are authorized upon discharge and that subsequent plans (such as Behavior Support Plans, Life Plans, and Staff Action Plans, as applicable to the individual) reflect and integrate successful approaches used in the Resource Center to ensure continuity of care. This cooperation to integrate plans helps to ensure that the individual receives comprehensive care management helps CSIDD providers comply with program and billing standards and avoids the duplication of services.

## **DISCUSSION:**

### **I. Eligibility**

#### **i. General Resource Center Eligibility**

Resource Center eligibility is determined by OPWDD. In order to be eligible for Resource Center admission, the individual must:

- (1) Be enrolled in and be receiving CSIDD;
- (2) Be enrolled in the HCBS Waiver;
- (3) Not reside in an OPWDD certified setting, unless there is prior OPWDD approval;<sup>1</sup>
- (4) Have an expected discharge/transition plan back to their home or community setting at the completion of the Resource Center stay; and either be
  - (a) 21 years of age or older; or
  - (b) 18-20 years old and not currently receiving educational services, with Developmental Disability Regional Office (DDRO) approval;<sup>2</sup> or
  - (c) 18-20 years old and actively receiving educational services but requesting Resource Center use during a school vacation or holiday, with DDRO approval.

ii. Emergency Admission Eligibility

Individuals seeking emergency admission to a Resource Center must:

- (1) Meet general Resource Center eligibility;
- (2) Be capable of having their medical needs met by the available Resource Center staff; and
- (3) Have completed an emergency evaluation which explains:
  - (a) That admission to the Resource Center may prevent hospitalization, emergency services, loss of placement; and
  - (b) The individual's baseline (i.e., the individual's behavioral presentation in the absence of crisis).

**II. Approval to Access the Resource Center for Individuals Who Do Not Reside in OPWDD Certified Settings**

CSIDD Coordinators may submit a request for the approval of access to a Resource Center to the DDRO for individuals eligible for the Resource Center. These requests for approval must be sent as a complete packet, and must include:

- (1) Confirmation of Resource Center eligibility;
- (2) Approved Intensive Respite Request Approval Form; and
- (3) A Resource Center Participation Agreement signed by the individual and/or the individual's representative.

Upon receipt of the request for an approval packet, the DDRO may ask for additional information. Once the DDRO has all necessary information, it will either approve or

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<sup>1</sup> See section III "Approval to Access the Resource Center for Individuals Residing in Certified Residential Settings," page 4.

<sup>2</sup> If admission to the Resource Center may help individuals ages 18-20 become appropriate for educational services and the individual meets all other Resource Center eligibility criteria, the Regional Office may approve an admission.

deny Resource Center admission. If approved, the CSIDD Coordinator must coordinate an admission meeting with the Resource Center Director or their designee. The CSIDD Coordinator is responsible for leading the admission meeting in collaboration with the individual, family/caregiver, Care Manager, and all team members providing support to determine the nature of the Resource Center visit (e.g., precipitating events to Resource Center admission, duration of stay, treatment goals, and discharge plans).

If an individual is not approved for admission to the Resource Center, they are not restricted from accessing other CSIDD supports. Additionally, a decision not to approve use of a Resource Center does not bar future requests for approval.

### **III. Approval to Access the Resource Center for Individuals Residing in Certified Residential Settings**

There is a two-step approval process to admit an individual living in a certified residential setting into the Resource Center which requires both a Regional Office and Central Office review prior to approval. This two-step process provides an in-depth review to ensure appropriate use of the Resource Centers for individuals residing in certified settings.

As with individuals who do not reside in certified residential settings, individuals residing in certified settings who are not approved for admission to the Resource Center are not restricted from accessing other CSIDD supports. Additionally, a decision not to approve use of a Resource Center does not bar future requests for approval.

#### **i. Two Step Approval Process**

##### **(1) First Step: OPWDD DDRO Review**

The CSIDD Coordinator is responsible for referring individuals to the Resource Center. The CSIDD Coordinator and residential treatment teams must agree:

- (a) The individual would benefit from the time-limited admission to the Resource Center;
- (b) All other less restrictive alternatives have been considered and reasonably attempted with minimal success;
- (c) A time-limited admission will support achievement of specific clinical gains and/or optimize stabilization; and
- (d) On realistic and obtainable discharge criteria from the Resource Center with recognition that re-admission to the individual's certified residential setting is NOT contingent upon the individual meeting all agreed upon discharge criteria.

If these agreements are made, the CSIDD Coordinator, in collaboration with the residential treatment team, must compile documentation for submission to the DDRO Liaison. This documentation must include:

- An Emergency Resource Center Admission Approval Request for Individuals Residing in a Certified Setting form;
- The complete referral packet that was submitted upon CSIDD enrollment;
- All assessments and treatment plans completed by the CSIDD Team;
- All mental and behavioral health clinical assessments completed by all service providers since admission to CSIDD;
- The current Behavior Support Plan (BSP) and recent behavioral data collected by the residential service provider; and
- A log of recent contact with emergency services and the crisis line (e.g., 911 or CSIDD crisis line).

The DDRO Liaison will review the referral materials and determine if emergency admission to the Resource Center is clinically indicated based on the criteria listed above and any other relevant information. The DDRO Liaison may request additional information from the CSIDD staff and/or residential provider. Failure to provide the requested information to the DDRO in a timely manner may result in delayed admission determinations.

If the DDRO Liaison supports admission to the Resource Center, the referral packet moves forward for second step OPWDD Central Office review.

## (2) Second Step: OPWDD Central Office Review

Upon receiving a supported referral from the DDRO first step review, OPWDD Central Office staff may request additional information from the CSIDD and/or residential service provider. Failure to provide the requested information in a timely manner may result in delayed admission determinations.

If Central Office staff determine admission to the Resource Center is clinically indicated, the referral may be approved as requested, or for a longer or shorter stay based on the individual's clinical need as presented in the referral packet. The referral is then sent to the OPWDD Deputy Commissioner for Regional Offices, OPWDD Deputy Commissioner for Division of Service Delivery: State Operations & Statewide Services, or their designee(s) for final review and approval.

### ii. Notification

Central Office staff will notify the DDRO Liaison once a determination has been made. After receiving the notification from Central Office, the DDRO Liaison will

notify the CSIDD team of the determination. Upon receiving the notification from the DDRO Liaison, the CSIDD team will have no more than two (2) hours to notify the certified residential provider of the determination.

If the individual's referral is approved, the CSIDD provider must ensure a Participation Agreement is signed by the individual and/or their representative, prior to admission, acknowledging, among other things, their awareness that the Resource Center stay is time limited, and they will return to their certified residence immediately upon discharge from the Resource Center.

#### **IV. Admission Types**

Resource Center admissions can either be made on a planned or emergency basis. Resource Centers may maintain any ratio of planned and emergency admission. However, emergency admissions must take priority over planned admissions. Therefore, planned admission dates must be flexible to allow for emergency admissions, as needed, for the best interest of the individual being referred as an emergency admission.

##### **i. Planned Admissions**

Planned admissions are designated for individuals who live with family or natural supports and may not have been able to use traditional respite because of ongoing behavioral health challenges. The Resource Center provides an environment where staff can monitor treatment effects and assist the individual with the development of skills and strategies to manage crises, while allowing the individual to become more involved with community supports. Planned admissions must be scheduled based on the individual's clinical needs for no more than ten (10) consecutive days. In exceptional circumstances, there may need to be a request for an extension of services (see: Requests for Extended Planned Admissions Beyond 10 Days section IX, page 12). However, the planned admission can also be scheduled for shorter durations over the course of weeks or months. Resource Center stays must not exceed the limits outlined in the Respite ADM 2017-01.

Planned admissions are clinically determined and based on the needs of the family/caregiver. The first planned stay in an anticipated set of stays is coordinated by the CSIDD Coordinator and Resource Center Director. Subsequent stays are coordinated between the Resource Center staff and the individual and/or family/caregiver. The CSIDD Coordinator must be kept informed of all admissions.

##### **ii. Emergency Admissions**

Emergency admissions are focused on stability, assessment, intervention, and planning necessary to avoid imminent risk of hospitalization. Emergency admission may serve as a transition from an acute psychiatric hospitalization to

the individual's residence if a clear discharge plan is identified or in the process of being completed at admission.

Emergency admissions for individuals not residing in certified settings must not exceed thirty (30) consecutive days without additional approval by the DDRO. Special approvals are required to admit individuals into the Resource Center who are currently residing in certified settings, as outlined in section III (see page 4), and may not exceed fourteen (14) calendar days.

## **V. Environmental Guidelines**

Resource Centers must only be operated by CSIDD providers and cannot exceed the capacity for which they are certified. Resource Center providers must comply with the requirements set forth in 14 NYCRR Subpart 635-7 for physical plant requirements for an Individualized Residential Alternative/ Free Standing Respite (IRA/FSR), as well as any other applicable law, regulation and/or guidance.

Resource Centers are a community-based, home-like setting that offer staff adequate space to respond to challenging behaviors, while allowing an open line of sight in a safe environment. Resource Centers must operate in a structured and therapeutic manner. Therefore, restrictions agreed upon before admission may take place (e.g., limited access to sharps, flammable materials, cleaning supplies, food, or unsupervised community access). The main refrigerator and kitchen cabinets must be locked or in space that is able to be locked for safety purposes. A smaller unlocked refrigerator and a space for healthy snacks should be accessible to the guests.

Resource Centers must have:

- (1) Single bedrooms for all individuals;
- (2) No locks on bedroom and bathroom doors;
- (3) A fenced-in yard; and
- (4) A reduced sensory room.

Resource Centers should be in a geographical area that is easily accessible by most eligible individuals within a region to avoid any restrictions on access. Additional preferred features include being in geographical areas with little traffic as well as proximity to outdoor or recreational spaces.

Individuals are typically responsible for their own transportation to the Resource Center. However, a CSIDD or Resource Center Director may approve the team to provide transportation in exceptional circumstances.

## VI. Staffing

Resource Center staff must have at least two (2) years of relevant experience with the behavioral health aspects of individuals with intellectual and developmental disabilities and complete training in the mental health aspects of individuals with developmental disabilities. Staff must be trained to assist individuals with feeling welcomed and accepted while also offering guidelines to promote safety and stability. When individuals are at the Resource Center, staff should, at all times, have sufficient number, qualifications, and competency as clinically indicated to provide the support for the safety, health, and well-being of all individuals. Resource Centers must maintain easily accessible emergency policies for their staff. Emergency policies must include but are not limited to responses to individuals who engage in physical aggression; property destruction; elopement; and suicidal ideation, gestures and attempts.

### i. Staffing Requirements and Qualifications

The Resource Center must have the following staff who meet the minimum qualifications below:

#### (1) Director

- (a) Master's degree, preferably in Social Work, Counseling, Psychology or another Human Services field;
- (b) At least three (3) years' experience in a residential setting; and
- (c) At least one (1) year supervisory experience in a residential setting.

#### (2) Counselors

- (a) Education background of either:
  - (i) A Bachelor's degree, preferably in Social Work, Counseling, Psychology or another Human Services field;
  - (ii) Be currently enrolled in a least bachelor's degree program in a human services field; or
  - (iii) Possess a high school diploma and have at least two (2) years of additional relevant experience (i.e., two (2) years relevant experience in addition to the experience required in (b) below); and
- (b) At least two (2) years relevant experience, unless the applicant can demonstrate competency in the staff responsibilities outlined in Section VI, ii, (b) of this ADM; and
- (c) A writing sample.



(3) Licensed Clinical Professionals

- (a) State licensed clinical professional as outlined in ADM 2017-01.

The Resource Center may also choose to employ a Head Counselor. If employing a Head Counselor, they must have:

- (a) A Bachelor's degree, preferably in Social Work, Counseling, Psychology, or another Human Services field; and  
(b) Two (2) years of relevant experience.

ii. Staff Responsibilities

Resource Center and CSIDD staff must meet the responsibilities outlined below:

(a) Directors:

- Provide administrative and clinical support to all Resource Center staff;
- Ensure individuals and staff are familiar with the policies and procedures of the center;
- Coordinate admissions and discharges;
- Adjust CSIDD treatment plans and discharge goals based on assessments and information learned from interviews of Counselors and review of Progress Notes during the individual's Resource Center stay;
- Develop the discharge summary and share any recommended changes with those who create and/or implement the CSIDD treatment plan, the Life Plan, or Behavior Support Plan if applicable. The discharge summary is to be shared with the resource center staff, the CSIDD Coordinator, the residential provider (if any), the family/guardian (if the individual will be returning home), and the Care Manager (if applicable);
- Participate in all discharge planning meetings; and
- Support the CSIDD Coordinator with transition or treatment planning.

(b) Counselors:

- Maintain daily operations and cleanliness of the Resource Center in a safe, person-centered, and therapeutic manner;
- Implement all treatment objectives within the CSIDD treatment plan under the supervision of the Licensed Clinical Professional, as needed;
- Promote health, wellness and progress towards treatment goals;
- Assist individuals with ADLs;
- Assist with medication administration under the supervision of the Licensed Clinical Professional, as needed;
- Complete daily notes and communicate with medical professionals regarding health events and level of stability; and
- Provide transportation to scheduled program activities.

(c) Licensed Clinical Professionals:

- Access to Licensed Clinical Professionals must be available and access to such professionals is to be arranged as medically necessary based on the needs of individuals in the Resource Center.

(d) Head Counselor:

- Provide administrative and clinical support under the direction of the Director; and
- Act as a Counselor, as needed.

While not necessarily employees of a Resource Center, the CSIDD Medical and Clinical Directors work closely with Resource Center employees. Medical and Clinical directors are responsible for:

- Providing consultations as needed;
- Clinical supervision; and
- Recommending services.

Also, while not necessarily employees of the Resource Center, the CSIDD Coordinator plays a crucial role maintaining information throughout the individual's stay at the Resource Center. CSIDD Coordinators, as it relates to the Resource Center, are responsible for:

- Providing all necessary admission documentation to the Resource Center staff, including medication orders;
- Maintaining collaborative communication between all team members throughout the individual's stay at the Resource Center;
- Contacting and visiting the individual at least weekly, or more frequently, as needed;
- Participating in all discharge planning meetings; and
- Ensuring assessments, interventions, and discharge plans are adjusted, as needed, in collaboration with all involved staff.

The assigned CSIDD Coordinator remains responsible for ensuring all functions of their role are satisfied, but may utilize other clinical professionals, as defined in ADM 21-ADM01R3, to assist them in completing Resource Center related activities.

## **VII. Treatment Planning**

Upon admission to the Resource Center, individuals must be oriented to the residence, guidelines, staff, and other individuals. Personal items and medications must be inventoried. Within twenty-four (24) hours of admission, the CSIDD Coordinator must

complete an in-service training for all Resource Center staff so that all staff are aware of the purpose of the individual's admission, effective interventions, and treatment and discharge plans.

Clinical assessments must be reviewed and conducted, as necessary, to better understand the reason for Resource Center admission and to identify the clinical and functional presentation of the individual. 14 NYCRR 635-16.5 and CSIDD ADM 2021-01 outline required assessments to be conducted. Other standardized clinical questionnaires that assist in the determination of beneficial interventions and necessary supports, both while at the Resource Center and after discharge, should be administered. Treatment and discharge plans must be based on the assessed needs of the individual and their system of support.

Resource Centers must develop and implement skill building activities. Skill building activities may occur in both individual and group settings and assist with communication and improve stress management, as indicated to their CSIDD treatment plan. Providers and family/caregivers should be invited to the Resource Center to learn and practice new skills in this safe therapeutic environment. This skill building should be scheduled in advance and integrated into post-discharge plans.

At least one physical activity should be scheduled each day and activities promoting community inclusion are encouraged. Participation is encouraged at the individual's level of ability. The use of television, cell phones and electronics, as well as napping, or other leisure activities that do not support scheduled activities are discouraged.

### **VIII. Discharge Planning & Follow Up**

The individual's tentative discharge date and intended treatment outcomes should be identified prior to their admission into a Resource Center. The DDRO must be notified on the discharge date – including updates to the discharge date should it change.

The CSIDD Coordinator must lead weekly discharge meetings, except for individuals accessing the Resource Center for multiple visits over an extended time period. CSIDD Coordinators must lead discharge planning meetings at least quarterly for those individuals accessing the Resource Center for multiple visits over an extended time period. Discharge meetings review significant events and progress towards treatment and discharge goals, discharge dates, transitions home, and any new supports identified. All discharge meetings must occur in-person, whenever possible, and should include all impacted supports (e.g., family, providers, circle of support).

Upon discharge, Resource Center staff should review successful strategies that were outlined in the treatment plan for integration with an individual's Behavior Support Plan, if applicable. Integration between the treatment plan and Behavior Support Plan, if

applicable, is critical to ensure continuity of care and appropriate discharge and follow up strategies for a Resource Center stay.

No later than one week after discharge (preferably within twenty-four (24) hours after discharge) from the Resource Center, a discharge summary must be produced by the Resource Center Director and shared with the CSIDD team (see: Service Documentation section XI, page 13). Upon discharge an anonymous survey must also be offered to the individual or the individual's guardian to measure their satisfaction with the admission and capture information about their experience.

The CSIDD Coordinator must schedule a follow-up outreach visit within one week of discharge from the Resource Center. This follow-up visit should review the recommendations of the discharge summary, recommend any amendments to the CSIDD treatment plan, the Life Plan or the Behavior Support Plan, as well as develop a plan for recommendations not yet being implemented.

### **IX. Requests for Extended Planned Admissions Beyond 10 Days**

In cases where an individual clinically requires a planned admission longer than ten (10) days, a request to extend the stay beyond the anticipated discharge date must be submitted to the DDRO as soon as possible for approval. These requests must include a Request for Extension of Resource Center Admission form and provide clear evidence that the request is clinically necessary. This evidence must include, but is not limited to:

- Reasons for extension request; and
- The goals anticipated to be reached within the requested extension period.

If the DDRO approves the Request for Extension, the Resource Center admission may continue as outlined within the modified treatment and discharge plans. If the Request for Extension is denied, the CSIDD provider must work with the individual's system of support to ensure all necessary services are in place at the time of discharge.

### **X. Billing Requirements**

Only providers certified by OPWDD to deliver CSIDD can operate and bill for Resource Center stays under the Intensive Respite rate of the HCBS Waiver. Overnight stays at a Resource Center are billed under the HCBS Waiver intensive respite rate. Billing guidelines are further outlined in the Respite ADM 2017-01. Services provided beyond what is approved by the DDRO will not be reimbursed.

Planned day visits are not considered formal admissions and therefore cannot be billed as an HCBS Waiver service. Day visits may occur during business hours (e.g., 9am-7pm). There must be no more than two individuals (or fewer as needed) making day visits to ensure proper staffing ratios. Day visits may be beneficial in assisting individuals with acclimating to the Resource Center prior to a formal admission, accessing specific therapeutic groups and/or intensive assessment, or transitioning out

of the Resource Center. Individuals making day visits must have a CSIDD treatment plan developed, which reflects the anticipated benefits of the Resource Center use.

In Regions where no Resource Center has been designated, requests for admissions to a Resource Center in a neighboring Region can be directed to the nearest DDRO that has a CSIDD provider with a Resource Center. The Resource Center Director will determine if the admission can be accommodated. These Resource Center approvals are completed by the DDRO of the CSIDD provider operating the Resource Center. The CSIDD Coordinator of the individual accessing the Resource Center must be informed of admissions, discharges, and changes in services.

## **XI. Service Documentation**

Resource Center staff are responsible for maintaining all clinical documentation. All documentation below, and all other relevant service and clinical documentation must be completed or compiled. The Resource Center Director, or their designee, should review all documentation regularly as this data informs treatment and discharge planning.

### **(i) Admission Documentation**

Admission documentation must include:

- (1) CSIDD Referrals & Intakes (e.g., individual support plans, psychological evaluations, behavior support plans, habilitative plans, and medication history);
- (2) Admissions summary containing:
  - (a) Demographic information;
  - (b) Current clinical and medical diagnoses;
  - (c) Goals the admission is intended to achieve;
  - (d) Summary of recent factors that may have contributed to the need for a Resource Center stay;
  - (e) Multicultural considerations;
  - (f) List of previous Resource Center admissions;
  - (g) Preliminary discharge plans; and
  - (h) Date and signatures of the staff who completed the summary;
- (3) Emergency admissions also require an emergency evaluation that clearly indicates:
  - (a) The reason the emergency admission is clinically indicated;
  - (b) Recent stress factors that may have precipitated the crisis; and
  - (c) A description of the appearance of baseline stability for the individual;
- (4) The CSIDD treatment plan;
- (5) Completed consent to provide services;
- (6) A list of items the individual should bring to the Resource Center;
- (7) Current medication orders signed by individual's physician; and
- (8) All other relevant clinical information.

(ii) Daily Log

One daily log must be completed per individual, per day. The daily log must be completed by staff prior to the end of their shift. The daily log must collect data to measure treatment effectiveness, including but not limited to:

- (1) Participation in activities;
- (2) Sleep, bowel, and eating patterns; and
- (3) Behaviors or symptoms related to increased stress.

(iii) Discharge Summary

See section VIII, page 11, of this ADM for additional information about the discharge summary. The discharge summary must include:

- (1) The services provided during the Resource Center stay;
- (2) Current clinical and medical diagnoses;
- (3) Current medication orders;
- (4) The findings of completed assessments and monitoring;
- (5) Any recommended amendments for the CSIDD treatment plan, the Life Plan or Behavior Support Plan;
- (6) Any summaries of data collected and analyzed for the purpose of evaluating program effectiveness;
- (7) Answers to any questions from providers and families/caregivers;
- (8) New skills developed by the individual; and
- (9) A schedule for follow up contacts after discharge from the Resource Center.

**XII. Records Retention**

Records must be contemporaneous and kept for ten (10) years from the date the service was provided or when the service was billed, whichever is later.