

Interim Technical Guidance for Claim and Service Documentation

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Specialized Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7095 (Level 1) 1:1	Behavioral Support	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as Master Client Index (MCI) number or the name of the individual receiving the service; - Master Provider Index (MPI) number; - Date and start and end time for when services were delivered; - Behavioral Specialist signature (E-signature is allowed); - Place(s) the service is rendered; - Date of evaluation/comprehensive assessment and current behavior support plan as part of the service plan. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all the service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual, which may include:</p> <ul style="list-style-type: none"> - Conducting a comprehensive assessment of behavior and its causes and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavior support plan may be designed; - Collection and evaluation of behavioral data; 	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p> <p>In addition to the requirements in the bulletin, progress notes for Behavioral Support shall be signed by the supervisor who is licensed or has a Master's Degree (as applicable).</p>
W8996 (Level 2) 1:1			

Specialized Support

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		<ul style="list-style-type: none"> - Collaboration with the individual, his or her family, and his or her service plan team for developing a behavior support plan; - Completion of comprehensive assessment of presenting issues; - Development, updating and maintenance of an individualized, comprehensive behavior support plan; - Development of a crisis intervention plan; - Development of a fading plan for restrictive interventions; - Training and support related to the implementation of behavior support plans; - Implementation of activities and strategies identified in the individual's behavior support plan, which may include providing direct behavioral support, educating the individual and supporters regarding the underlying causes/functions of behavior and modeling and/or coaching of supporters to carry out interventions; - Monitoring implementation of the behavior support plan, and revising as needed; and - For individuals requiring level 2 services as defined in the Waivers, address the complex needs and/or risk of decreased stability that require a higher level of service. 	

Specialized Support

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		<p>Additional Required Claim Record Information:</p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrates the service was provided as specified in the Individual Support Plan (ISP). For individual providers¹ the service note is acceptable documentation.</p>	

¹ An individual provider is a person who is not employed by an agency and who directly provides the service, including an individual practitioner, independent contractor or a Support Service Professional in a participant-directed services model.

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T2025-Basic - 1:2 and Level 1-1:1.	Shift Nursing – Registered Nurse (RN), Licensed Practical Nurse (LPN)	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Nurse signature (E-signature is allowed), license type – RN or LPN; - Date and start and end time for when services were delivered; - Place(s) the service is rendered; - Documentation of activities performed in relationship to the nursing care plan. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. Based upon the diagnosis of the individual, the nurse should document activities around assessment, intervention, response, and any planned next steps. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual.</p> <p>Additional Required Claim Record Information:</p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrates the service was provided as</p>	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p>

Specialized Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		specified in the ISP. For individual providers the service note is acceptable documentation.	
T2025 1:1	Speech and Language Therapy	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Therapist signature (E-signature is allowed) and license type; - Date and start and end time for when services were delivered; and - Place(s) the service is rendered . <p>When applicable, and at a minimum, service notes include/address:</p> <ul style="list-style-type: none"> - The results of the evaluation; - Treatment activities performed with the individual; - Development of a home program for caretakers to implement; - Training caretakers in the implementation of the home program; and - Monitoring the effectiveness of the home program. <p>A service note is to be completed for each continuous span of 15 minute units that describes what the professional did in relation to the orders or evaluation. Therapists develop a treatment plan</p>	<p><u>Progress Notes:</u> Progress notes are required for this service, please refer to the bulletin for requirements.</p>
T2025 1:1	Occupational Therapy (OT)		<p><u>Other Documentation:</u> In addition to the requirements in the bulletin, the following documentation is required:</p>
T2025 1:1	Physical Therapy (PT)		<p><u>Physical and Occupational Therapy:</u></p> <ul style="list-style-type: none"> - Prescription for therapy by a physician.
W7246 1:1	Orientation, Mobility, and Vision Therapy		<p><u>Orientation, Mobility, and Vision Therapy:</u></p>
G0176 1:1	Music Therapy		<ul style="list-style-type: none"> - Evaluation and recommendation by a trained mobility specialist/instructor or a physician.
G0176 1:1	Art Therapy		<p><u>Speech and Language Therapy:</u></p>
S8940 1:1	Equine Assisted Therapy		<ul style="list-style-type: none"> - Evaluation and recommendation by an American Speech-Language-Hearing Association (ASHA) certified and state licensed speech-language pathologist or physician;

Specialized Support

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		<p>and should document activities performed in relationship to the treatment plan.</p> <p>Additional Required Claim Record Information:</p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP. For individual providers the service note is acceptable documentation.</p>	<p><u>Music, Art, and Equine Assisted Therapy:</u></p> <ul style="list-style-type: none"> - Documentation of the assessment completed by a qualified therapist in accordance with the Waiver that shows the individual's need for the service. - If additional sessions are indicated following the assessment of need, therapists providing these services must develop a treatment plan that reflects individualized, attainable goals to be achieved during the remaining sessions.
T1013 1:1	Communication Specialist	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - The date and start and end time for when services were delivered; - Staff signature (E-signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the</p>	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p>

Specialized Support

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		<p>activities provided to or on behalf of the individual, which may include:</p> <ul style="list-style-type: none"> - Review of the individual's communication needs; - Assistance to establish environments that emphasize the use of visual cues and other appropriate communication methods as recommended by a Speech-Language pathologist or other qualified professional; - Assistance in the development and implementation of an action plan to remove communication barriers, evaluating the effectiveness of the plan following implementation, and modifying the plan based on the evaluation of its effectiveness; - Education for Supports Coordination Organizations (SCOs), Administrative Entities (AEs), and other appropriate entities about an individual's specific needs related to communication access, legal responsibilities and cultural and linguistic needs; - Participation in and assistance in the development of the individual's service plans. <p>Additional Required Claim Record Information:</p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified</p>	

Specialized Support

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		in the ISP. For individual providers the service note is acceptable documentation.	
S9470 1:1	Consultative Nutritional Services	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Dietitian-Nutritionist signature (E-signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual, which may include:</p> <ul style="list-style-type: none"> - Assessment, notes, and observations; - Development of a home treatment/service plan; - Training and technical assistance to carry out the home treatment plan; and - Monitoring of the individual and the provider in the implementation of the home treatment plan. 	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p>

Specialized Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<p>Additional Required Claim Record Information:</p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP. For individual providers the service note is acceptable documentation.</p>	
<p>90846 1:1 without individual present</p> <p>90847 1:1 with individual present</p>	<p>Family/ Caregiver Training and Support²</p>	<p>Service Notes include:</p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Licensed social worker, licensed psychologist, licensed professional counselor, or licensed marriage and family therapist signature (E-signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all of the service note elements listed above are present, the provider may choose to create and use a checklist to</p>	<p>Progress Notes:</p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p>

² These requirements reflect the training and counseling provided by a licensed professional. The requirements for the training and registration fees to attend training events, workshops, seminars or conferences is contained on Page 65 of this document.

Specialized Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<p>document the activities provided to or on behalf of the individual, which may include:</p> <ul style="list-style-type: none"> - Implementation of strategies, interventions, and progress relating to the stated goals of the service as indicated in the service plan; - Instruction about treatment regimens and other services included in the service plan; and - Assistance provided to safely maintain the individual at home and in the community. <p>Additional Required Claim Record Information:</p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP. For individual providers the service note is acceptable documentation.</p>	

Supported Living

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W9872 1 person home W9873 2 person home W9874 3 person home Needs Group modifiers U5, U6, U7 or U8	Supported Living	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Documentation that indicates the amount of direct support provided to the individual that day and that is billed by the provider; and - Documentation of any indirect support provided by the provider such as on-call support, remote monitoring, etc. <p>A service note is to be completed for each day that services are provided and that describes service activities that occur that day. When all the service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual.</p> <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP.</p>	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p> <p><i>Behavioral Specialist and Nursing-</i> Progress Notes are required for the Behavioral Specialist and Nursing components of this service.</p> <p><i>For Behavioral Specialist,</i> one of the following is to sign progress notes:</p> <ul style="list-style-type: none"> - The Behavioral Specialist who is licensed or has a Master's Degree; or - A supervisor who is licensed or has a Master's Degree. <p><u>Other Documentation:</u></p> <p>On days that a <i>Behavioral Specialist</i> performs the Supported Living service, there should be documentation that includes:</p> <ul style="list-style-type: none"> - Start and end time for the Behavioral Specialist;

Supported Living

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<p>A claim cannot be submitted for the following regardless of documentation completed by the provider:</p> <ul style="list-style-type: none"> - Any day that the individual is on therapeutic leave for more than 16 hours. Therapeutic leave is defined as an individual's absence to visit with a relative or friend and the individual is not receiving services from the provider during the absence. A service note must document the start and end times on the day of absence and return. - Any day the individual is on Medical Leave. Medical Leave is defined as the day the individual is admitted to a medical center through the day before discharge. A provider may only bill for the day the individual is discharged from the medical center. - When individual(s) transfers from one provider to another provider. The current provider may bill for the day that the transition to a new provider occurs. 	<ul style="list-style-type: none"> - Behavioral Specialist signature (E-Signature is allowed) and title; and - The date of evaluation/comprehensive assessment and current behavior support plan as part of the ISP. <p>When applicable and at a minimum, the documentation should include/address:</p> <ul style="list-style-type: none"> - Conducting a comprehensive assessment of behavior and its causes and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavior support plan may be designed; - Collection and evaluation of behavioral data; - Collaboration with the individual, his or her family, and his or her service plan team for developing a behavior support plan; - Completion of comprehensive assessment of presenting issues; - Development, updating and maintenance of an

Supported Living

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
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			<p>individualized, comprehensive behavior support plan;</p> <ul style="list-style-type: none"> - Development of a crisis intervention plan; - Development of a fading plan for restrictive interventions; - Training and support related to the implementation of behavior support plans; - Implementation of activities and strategies identified in the individual's behavior support plan, which may include providing direct behavioral support, educating the individual and supporters regarding the underlying causes/functions of behavior and modeling and/or coaching of supporters to carry out interventions; and - Monitoring implementation of the behavior support plan, and revising as needed. <p>On days that <i>Nursing</i> is provided as part of the Supported Living services, there should be documentation that includes:</p> <ul style="list-style-type: none"> - Start and end time for the nurse; and
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Supported Living

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
			<ul style="list-style-type: none"> - Nurse signature (E-Signature is allowed), license type –RN or LPN, and title; - Activities performed in relationship to the nursing care plan; - Based upon the diagnosis of the individual, the nurse should document activities around assessment, intervention, response, and any planned next steps.

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
<p><u>With and Without Day:</u> W9000 1 person home</p> <p>W9029 2 person home</p> <p>W9045 3 person home</p> <p>W9047 4 person home</p> <p>W9064 5-8 person home</p> <p>*Modifier HI must be used when billing for Without Day</p> <p>Needs Group modifiers</p>	<p>Licensed Residential Habilitation With Day</p> <p>Licensed Residential Habilitation Without Day</p>	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Documentation that is in accordance with the applicable licensing chapter; and - Documentation that indicates direct support with the individual is required to confirm that the service is delivered that day and that is billed by the provider – this may be an attendance record, a Medication Administration Record (MAR), etc. <p>A service note is to be completed for each day that describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual.</p> <p><u>Additional Required Claim Record Information:</u> The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP.</p>	<p><u>Progress Notes:</u> Progress notes are required for this service, please refer to the bulletin for requirements.</p> <p><i>Behavioral Specialist and Nursing-Progress Notes</i> are required for the Behavioral Specialist and Nursing components of this service.</p> <p>For <i>Behavioral Specialist</i>, one of the following is to sign the progress notes:</p> <ul style="list-style-type: none"> - The Behavioral Specialist who is licensed or has a Master's Degree; or - A supervisor who is licensed or has a Master's Degree. <p><u>Other Documentation:</u></p> <p>When the <i>Behavioral Specialist</i> performs the service, there should be documentation that includes:</p> <ul style="list-style-type: none"> - Start and end time; - Behavioral Specialist signature (E-Signature is allowed) and title; and - The date of evaluation/comprehensive assessment and current behavior

Residential Habilitation and Life Sharing Effective January 1, 2018

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
U5, U6, U7 or U8		<p>A claim cannot be submitted for the following regardless of documentation completed by the provider:</p> <ul style="list-style-type: none"> - Any day that the individual is on therapeutic leave for more than 16 hours. Therapeutic leave is defined as an individual's absence to visit with a relative or friend and the individual is not receiving services from the provider during the absence. A service note must document the start and end times on the day of absence and return. - Any day the individual is on Medical Leave. Medical Leave is defined as the day the individual is admitted to a medical center through the day before discharge. A provider may only bill for the day the individual is discharged from the medical center. - When individual(s) transfers from one provider to another provider. The current provider may bill for the day that the transition to a new provider occurs. 	<p>support plan as part of the service plan.</p> <p>When applicable and at a minimum, the documentation should include/address:</p> <ul style="list-style-type: none"> - Conducting a comprehensive assessment of behavior and its causes and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavior support plan may be designed; - Collection and evaluation of behavioral data; - Collaboration with the individual, his or her family, and his or her service plan team for developing a behavior support plan; - Completion of comprehensive assessment of presenting issues; - Development, updating and maintenance of an individualized, comprehensive behavior support plan; - Development of a crisis intervention plan; - Development of a fading plan for restrictive interventions;

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			<ul style="list-style-type: none"> - Training and support related to the implementation of behavior support plans; - Implementation of activities and strategies identified in the individual's behavior support plan, which may include providing direct behavioral support, educating the individual and supporters regarding the underlying causes/functions of behavior and modeling and/or coaching of supporters to carry out interventions; and - Monitoring implementation of the behavior support plan, and revising as needed. <p>On days that <i>Nursing</i> is provided as part of the Residential Habilitation and Life Sharing services, there should be documentation that includes:</p> <ul style="list-style-type: none"> - Start and end time; - Nurse signature (E-Signature is allowed), license type –RN or LPN, and title; - Activities performed in relationship to the nursing care plan; and - Activities around assessment, intervention, response, and any planned next steps.

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7078 1 person home W7080 2 person home W7082 3 person home	Unlicensed Residential Habilitation	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Documentation that indicates direct support provided to the – this may be an attendance record, a MAR, etc. - Documentation of any indirect support provided by the Residential Habilitation Provider such as on-call support, remote monitoring. <p>A service note is to be completed for each day. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual.</p> <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP.</p>	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p> <ul style="list-style-type: none"> - <i>Behavioral Specialist and Nursing</i>-Progress Notes are required for the Behavioral Specialist and Nursing components of this service. <p>For <i>Behavioral Specialist</i>, one of the following is to sign the progress notes:</p> <ul style="list-style-type: none"> - The Behavioral Specialist who is licensed or has a Master's Degree; or - A supervisor who is licensed or has a Master's Degree. <p><u>Other Documentation:</u></p> <p>When a <i>Behavioral Specialist</i> performs the service, there should be documentation that includes:</p> <ul style="list-style-type: none"> - Start and end time; - Behavioral Specialist signature (E-Signature is allowed) and title; and - The date of evaluation/comprehensive assessment and current behavior support plan as part of the ISP.

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		<p>A claim cannot be submitted for the following regardless of documentation completed by the provider:</p> <ul style="list-style-type: none"> - Any day that the individual is on therapeutic leave for more than 16 hours. Therapeutic leave is defined as an individual's absence to visit with a relative or friend and the individual is not receiving services from the provider during the absence. A service note must document the start and end times on the day of absence and return. - Any day the individual is on Medical Leave. Medical Leave is defined as the day the individual is admitted to a medical center through the day before discharge. A provider may only bill for the day the individual is discharged from the medical center. - When individual(s) transfers from one provider to another provider. The current provider may bill for the day that the transition to a new provider occurs. 	<p>When applicable and at a minimum, the documentation should include/address:</p> <ul style="list-style-type: none"> - Conducting a comprehensive assessment of behavior and its causes and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavior support plan may be designed; - Collection and evaluation of behavioral data; - Collaboration with the individual, his or her family, and his or her service plan team developing a behavior support plan; - Completion of comprehensive assessment of presenting issues; - Development, updating and maintenance of an individualized, comprehensive behavior support plan; - Development of a crisis intervention plan; - Development of a fading plan for restrictive interventions; - Training and support related to the implementation of behavior support plans; - Implementation of activities and strategies identified in the

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			<p>individual's behavior support plan, which may include providing direct behavioral support, educating the individual and supporters regarding the underlying causes/functions of behavior and modeling and/or coaching of supporters to carry out interventions; and</p> <ul style="list-style-type: none"> - Monitoring implementation of the behavior support plan, and revising as needed. <p>On days that <i>Nursing</i> is provided as part of the Residential Habilitation and Life Sharing services, there should be documentation that includes:</p> <ul style="list-style-type: none"> - Start and end time; - Nurse signature (E-Signature is allowed), license type – RN or LPN, and title; - Activities performed in relationship to the nursing care plan; and - Based upon the diagnosis of the individual, the nurse should document activities around assessment, intervention, response, and any planned next steps.

Residential Habilitation and Life Sharing Effective January 1, 2018

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
<p><u>Life Sharing - over 30 hours per week on average:</u> W8593 W8595</p> <p><u>Life Sharing - under 30 hours per week on average:</u> W7037 1 person home</p> <p>W7039 2 person home</p>	<p>Life Sharing - over 30 hours per week on average</p> <p>Life Sharing - under 30 hours per week on average</p>	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Documentation that is in accordance with the applicable licensing chapter; - Documentation that indicates direct support with the individual is required to confirm that the service is delivered that day and that is billed by the provider – this may be an attendance record, a MAR, etc.; and - Documentation of any indirect support provided by the Life Sharing Provider such as on-call support, remote monitoring, etc. <p>A service note is to be completed for each day. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual.</p> <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked; including electronic</p>	<p><u>Progress Notes:</u> Progress notes are required for this service, please refer to the bulletin for requirements.</p> <p><i>Behavioral Specialist</i> and <i>Nursing-Progress Notes</i> are required for the Behavioral Specialist and Nursing components of this service</p> <p>For <i>Behavioral Specialist</i>, one of the following is to sign the progress notes:</p> <ul style="list-style-type: none"> - The Behavioral Specialist who is licensed or has a Master's Degree; or - A supervisor who is licensed or has a Master's Degree. <p><u>Other Documentation:</u></p> <p>When a <i>Behavioral Specialist</i> performs the service, there should be documentation that includes:</p> <ul style="list-style-type: none"> - Start and end time; - Behavioral Specialist signature (E-Signature is allowed) and title; and - Date of evaluation/comprehensive assessment and current behavior support plan as part of the ISP.

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		<p>documentation (such as E-Signatures or electronic time sheets) that demonstrates the service was provided as specified in the ISP. If additional staff is provided as part of the Life Sharing service, there must be a record of time worked.</p> <p>A claim cannot be submitted for the following regardless of documentation completed by the provider:</p> <ul style="list-style-type: none"> - Any day that the individual is on therapeutic leave for more than 16 hours. Therapeutic leave is defined as an individual's absence to visit with a relative or friend and the individual is not receiving services from the provider during the absence. A service note must document the start and end times on the day of absence and return. - Any day the individual is on Medical Leave. Medical Leave is defined as the day the individual is admitted to a medical center through the day before discharge. A provider may only bill for the day the individual is discharged from the medical center. - When individual(s) transfers from one provider to another provider. The current provider may bill for the day that the transition to a new provider occurs. 	<p>When applicable and at a minimum, the documentation should include/address:</p> <ul style="list-style-type: none"> - Conducting a comprehensive assessment of behavior and its causes and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavior support plan may be designed; - Collection and evaluation of behavioral data; - Collaboration with the individual, his or her family, and his or her service plan team developing a behavior support plan; - Completion of comprehensive assessment of presenting issues; - Development, updating and maintenance of an individualized, comprehensive behavior support plan; - Development of a crisis intervention plan; - Development of a fading plan for restrictive interventions; - Training and support related to the implementation of behavior support plans; - Implementation of activities and strategies identified in the

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
			<p>individual's behavior support plan, which may include providing direct behavioral support, educating the individual and people providing services and supports regarding the underlying causes/functions of behavior and modeling and/or coaching of supporters to carry out interventions; and</p> <ul style="list-style-type: none"> - Monitoring implementation of the behavior support plan, and revising as needed. <p>On days that <i>Nursing</i> is provided as part of the Residential Habilitation and Life Sharing services, there should be documentation that includes:</p> <ul style="list-style-type: none"> - Start and end time; - Nurse signature (E-Signature is allowed), license type – RN or LPN, and title; - Activities performed in relationship to the nursing care plan; and - Activities around assessment, intervention, response, and any planned next steps.

Supplemental Habilitation Effective January 1, 2018 for Residential Habilitation, Life Sharing, and Supported Living

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7070 1:1 W7084 2:1	Supplemental Habilitation	<p>When providing Supplemental Habilitation, the provider must document service notes specifically regarding Supplemental Habilitation separately from the service notes for Residential Habilitation, Life Sharing, or Supported Living.</p> <p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Signature of the person providing the service (E-Signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes the Supplemental Habilitation service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual.</p>	<p>When providing Supplemental Habilitation, the provider must document progress notes and other documentation specifically regarding Supplemental Habilitation separately from the documentation for Residential Habilitation, Life Sharing, or Supported Living.</p> <p><u>Progress Notes:</u> Progress notes are required for this service, please refer to the bulletin for requirements.</p>

Residential Habilitation and Life Sharing Effective January 1, 2018

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP.</p>	

Respite

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W8096 1:4 W9860 1:3 W9861 1:2 W9862 1:1 W9863 1:1Enhanced W9864 2:1Enhanced W8095 2:1Enhanced	15 Minute Respite (In-Home Respite and Unlicensed Out-of-Home Respite Services); PDS; U4	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - Date and start and end time for when services were delivered; - Signature of person providing the service (E-Signature is allowed); - Degree/license/certificate for <i>enhanced service levels only</i>; - Place(s) the service is rendered; and - Description of the enhanced level of services provided to support the behavioral or medical need, as applicable. <p>A service note is to be completed for each continuous span of 15 minute units that describes the service activities.</p> <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that</p>	<p><u>Progress Notes:</u></p> <p>Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p>

Respite

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		demonstrate the service was provided as specified in the ISP.	
W9795 1:4 W9796 1:3 W9797 1:2 W9798 1:1 W9799 1:1Enhanced W9800 2:1 W9801 2:1Enhanced	24 Hour Respite (In-Home Respite, unlicensed Out-of-Home Respite, and Respite in licensed and unlicensed Life Sharing settings), PDS; U4	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Start and end time for when services were delivered; - Signature of person providing the service (E-Signature is allowed); - Degree/license/certificate for <i>enhanced service levels only</i>; - Place(s) the service is rendered; and - Description of the enhanced level of services provided to support the behavioral or medical need, as applicable. <p>A service note is to be completed for each day that describes service activities.</p> <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic</p>	<p><u>Progress Notes:</u></p> <p>Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p>

Respite

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP.	
W9790 1 person home W9791 2 person home W9792 3 person home W9793 4 person home W9865 2 person home W9866 3 person home W9871	24 Hour Respite (Licensed Respite Group Homes) and 24 Hour Respite (Respite Only Home)	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - Date and start and end time for when services were delivered; - MPI number; - Place(s) the service is rendered; - Signature of person providing the service (E-Signature is allowed); - Degree/license/certificate for <i>enhanced service levels only</i>; and - Description of the enhanced level of services provided to support the behavioral or medical need, as applicable. <p>A service note is to be completed for each day that describes service activities.</p> <p><u>Additional Required Claim Record Information:</u> The provider retains a record of time that staff worked, including electronic</p>	<p><u>Progress Notes:</u> Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p>

Respite

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
4 person home Needs Group modifiers U5, U6, U7 or U8		documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP. Respite provided in a licensed or accredited camp should provide separate documentation of the service cost and the room and board component based on the accreditation or certification standard for the camp.	

Community Participation Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W5945	<25% Community 1:2 or 1:3 and >75% Facility 1:11 to 1:15	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Documentation that shows the times the individual is in the facility and the times the individual is in the community; - Signature of staff (E-signature is allowed) who provides the service and writes the service note; - Degree/license/certificate for <i>enhanced service levels only</i>; <i>and</i> - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units. When all service note elements listed above are present, the provider may choose to create and use a checklist to</p>	<p><u>Progress Notes:</u> Progress notes are required for this service, please refer to the bulletin for requirements.</p> <p><u>In addition, Progress Notes for this service:</u></p> <ul style="list-style-type: none"> - Include the development of a comprehensive analysis of the individual in relation to following: <ul style="list-style-type: none"> • Strongest interests and personal preference, • Skills, strengths, and other contributions likely to be valuable to employers or the community, • Conditions necessary for successful community inclusion and/or competitive integrated employment. - Document the services resulted in active, valued participation in a broad range of integrated activities; - Document the activities were chosen based on the individual's interests, preferences, talents, and strengths; - Document the activities reflected the individual's desired outcomes related to employment, community involvement and membership.
W5946	<25% Community 1:2 or 1:3 and >75% Facility 1:7 to 1:10		
W5947	<25% Community 1:2 or 1:3 and >75% Facility 1:2 or 1:6		
W5948	<25% Community 1:1 and >75% Facility 1:7 to 1:15		
W5950	<25% Community 1:1 and >75% Facility 1:2 to 1:6		
W5951	<25% Community 1:1 and >75% Facility 1:1		
W5952	<25% Community 1:1 Enhanced and >75% Facility 1:1 Enhanced		

Community Participation Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W5943	<25% Community 2:1 and >75% Facility 2:1 to 1:1	<p>document the activities provided to or on behalf of the individual, which may include, but is not limited to:</p> <ul style="list-style-type: none"> - Developing skills and competencies necessary to pursue competitive integrated employment; - Promoting a spirit of personal reliance and contribution to the community; - Developing mutual support and community connection; - Developing social networks and connections within local communities; - Emphasizing, promoting, and coordinating the use of unpaid supports to address individual and family needs in addition to paid services; - Documentation of how the planning and coordinating of the daily/weekly schedule for Community Participation Supports was done with the individual; and - Description of the enhanced level of services provided to support the behavioral or medical need, as appropriate. 	<p><u>Other Documentation:</u></p> <p>On days that <i>Nursing</i> is provided as part of the service, there should be documentation that includes:</p> <ul style="list-style-type: none"> - Start and end time; - Nurse signature (E-Signature is allowed), license type – RN or LPN and title; - Activities performed in relationship to the nursing care plan; and - Based upon the diagnosis of the individual, the nurse should document activities around assessment, intervention, response, and any planned next steps.
W5944	<25% Community 2:1 Enhanced and >75% Facility 2:1 Enhanced		
W5940	<25% Community 2:3 and >75% Facility 1:11 to 1:15		
W5941	<25% Community 2:3 and >75% Facility 1:7 to 1:10		
W5942	<25% Community 2:3 and >75% Facility 1:2 to 1:6		
W5958	25% Community 1:2 or 1:3 and 75% Facility 1:11 to 1:15		
W5959	25% Community 1:2 or 1:3 and 75% Facility 1:7 to 1:10		

Community Participation Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W5960	25% Community 1:2 or 1:3 and 75% Facility 1:2 to 1:6	<p><u>Additional Required Claim Record Information:</u></p> <ul style="list-style-type: none"> - The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service (including enhanced levels) was provided as specified in the ISP. For individual providers the service note is acceptable documentation. - The provider retains an attendance roster that records the individuals who receive services each day, including individuals who meet at a hub. <ul style="list-style-type: none"> • A roster is not required for individuals who received Community Participation Support for 100% of time in the community. - To validate claims, the provider needs to review service notes for each week services are rendered to determine and document the 	
W5961	25% Community 1:1 and 75% Facility 1:7 to 1:15		
W5962	25% Community 1:1 and 75% Facility 1:2 to 1:6		
W5963	25% Community 1:1 and 75% Facility 1:1		
W5964	25% Community 1:1 Enhanced and 75% Facility 1:1 Enhanced		
W5956	25% Community 2:1 and 75% Facility 2:1		
W5957	25% Community 2:1 Enhanced and 75% Facility 2:1 Enhanced		

Community Participation Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
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W5953	25% Community 2:3 and 75% Facility 1:11 to 1:15	average percent of time the individual spent in the community and in a facility.	
W5954	25% Community 2:3 and 75% Facility 1:7 to 1:10		
W5955	25% Community 2:3 and 75% Facility 1:2 to 1:6		
W5970	50% Community 1:2 or 1:3 and 50% Facility 1:11 to 1:15		
W5971	50% Community 1:2 or 1:3 and 50% Facility 1:7 to 1:10		
W5972	50% Community 1:2 or 1:3 and 50% Facility 1:2 to 1:6		
W5973	50% Community 1:1 and 50% Facility 1:7 to 1:15		

Community Participation Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W5974	50% Community 1:1 and 50% Facility 1:2 to 1:6		
W5975	50% Community 1:1 and 50% Facility 1:1		
W5976	50% Community 1:1 Enhanced and 50% Facility 1:1 Enhanced		
W5968	50% Community 2:1 and 50% Facility 2:1		
W5969	50% Community 2:1 Enhanced and 50% Facility 2:1 Enhanced		
W5965	50% Community 2:3 and 50% Facility 1:11 to 1:15		
W5966	50% Community 2:3 and 50% Facility 1:7 to 1:10		

Community Participation Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W5967	50% Community 2:3 and 50% Facility 1:2 to 1:6		
W5982	75% Community 1:2 or 1:3 and 25% Facility 1:11 to 1:15		
W5983	75% Community 1:2 or 1:3 and 25% Facility 1:7 to 1:10		
W5984	75% Community 1:2 or 1:3 and 25% Facility 1:2 to 1:6		
W5985	75% Community 1:1 and 25% Facility 1:7 to 1:15		
W5990	75% Community 1:1 and 25% Facility 1:2 to 1:6		
W5991	75% Community 1:1 and 25% Facility 1:1		

Community Participation Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W5992	75% Community 1:1 Enhanced and 25% Facility 1:1 Enhanced		
W5980	75% Community 2:1 and 25% Facility 2:1		
W5981	75% Community 2:1 Enhanced and 25% Facility 2:1 Enhanced		
W5977	75% Community 2:3 and 25% Facility 1:11 to 1:15		
W5978	75% Community 2:3 and 25% Facility 1:7 to 1:10		
W5979	75% Community 2:3 and 25% Facility 1:2 to 1:6		
W5995	100% Community 1:2 or 1:3		

Community Participation Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
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H2015	100% Community 2:3		
W5996	100% Community 1:1		
W5997	100% Community 1:1 Enhanced		
W5993	100% Community 2:1		
W5994	100% Community 2:1 Enhanced		
<p><i>Available Modifiers: TD, TE, and SE</i></p>			

Community Participation Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7094	Older Adult Daily Living Centers	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Signature of staff (E-signature is allowed) who provides the service and writes the service note; and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all the service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual.</p> <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate that service was provided as specified in the ISP.</p>	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p>

Community Participation Support

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
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		<p>The provider retains an attendance roster that records the individuals who receive services each day</p>	
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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W1724 1:3 W1725 1:2 W1726 1:1	Companion Services Basic Staff Support; Levels 1, and 2; PDS; U4	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Signature of the person providing the service (E-Signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual, which may include:</p> <ul style="list-style-type: none"> - Supervision of individuals during awake hours for non-habilitative activities when necessary to ensure the individuals' safety; - Supervision during asleep hours in which non-medical or non-habilitative care is needed to protect the safety of the individual; - Supervision and assistance during awake hours with daily living activities, including grooming, health care, 	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p>

Home Supports

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<p>household care, meal preparation and planning, and socialization;</p> <ul style="list-style-type: none"> - For agency based providers only, transportation services necessary to enable the individual to participate in the Companion Service. <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation, (E-Signatures or electronic time sheets) that demonstrate that the service was provided as specified in the ISP.</p>	
W7283 1:1	Homemaker/ Chore, Permanent, Temporary (UA) and PDS and U4 PDS	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Signature of the person providing the service (E-Signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of one hour units that</p>	<p><u>Progress Notes:</u></p> <p>Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p> <p><u>Other Documentation:</u></p> <ul style="list-style-type: none"> - For non-PDS, the individual or family should sign the invoice, timesheet or service note to confirm receipt of services.

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<p>describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual, which may include:</p> <ul style="list-style-type: none"> - Cleaning including washing floors, windows, and walls; - Laundry; - Meal preparation; - Tacking down loose rugs and tiles; - Moving heavy items of furniture to provide safe access and egress; - Ice, snow, and/or leaf removal; and yard maintenance; and - Other general tasks to maintain the home in a clean, sanitary and safe condition <p>Additional Required Claim Record Information:</p> <p>The provider retains a record of time that staff worked, including electronic documentation, (E-Signatures or electronic time sheets) that demonstrate that the service was provided as specified in the ISP.</p>	

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7058 1:3 W7059 1:2 W7060 1:1 W7061 1:1Enhanced W7068 2:1 W7069 2:1Enhanced	In-Home and Community Supports Basic; Levels 1, 2, and 3; PDS; U4 ; and Enhanced Support	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Signature of person providing the service (E-Signature is allowed); - Degree/license/certificate for <i>enhanced service levels only</i>; and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual, which may include:</p> <ul style="list-style-type: none"> - Grooming, dressing and hygiene activities including clothing care; - Maintaining health and wellness through general exercise, completing recommended therapeutic activities, taking medications; - Meal planning and preparation; - Scheduling/attending medical appointments; 	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p>

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<ul style="list-style-type: none"> - Managing emotional wellness through activities, counseling, and implementing behavioral support interventions; - Participating in Person Centered Planning including pre-planning; - Making choices and decisions including identifying and evaluating options; - Shopping in the community or online to purchase items for the home, for personal use, gifts, etc.; - Managing the home including, maintenance, cleaning, doing laundry; - Managing personal finances including budgeting and banking; - Communicating and maintaining relationships with family, friends, co-workers and others through personal visits, phone contact, internet, etc.; - Travel or support with travel using any form of transportation; - Developing/maintaining relationships in the community (neighbors, community members and groups, associations); - Exercising rights and fulfilling civic duty through participation in events, volunteering with civic groups, and voting; - Developing personal interests and personal growth activities (e.g., hobbies, 	

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<p>educational programs, cooking classes, art);</p> <ul style="list-style-type: none"> - Participating in community activities that are personally fulfilling and enjoyable (e.g. faith-based activities, movies, vacations, clubs, etc.); - Identifying risk and responding to events through reporting incidents and using advocacy and protective services; - Companion activities if these activities comprise no more than half of the In-Home and Community Support provided; and - Description of the enhanced level of services provided to support the behavioral or medical need. <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrates the service was provided as specified in the ISP.</p>	

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
H0043 1:1	Housing Transition and Tenancy Sustaining Services	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Signature of the person providing the service (E-Signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual, which may include, but is not limited to:</p> <ul style="list-style-type: none"> - Tenant screening and housing assessment that identifies the individual's preferences and barriers related to successful tenancy; - Developing an individualized housing support plan based on the housing assessment; - Assistance with the housing search process; 	<p><u>Progress Notes:</u> Progress notes are required for this service, please refer to the bulletin for requirements.</p> <p><u>Other Documentation:</u> Development of an individualized housing support plan is to be based upon the housing assessment that addresses:</p> <ul style="list-style-type: none"> - Barriers; - Short and long-term measurable goals for each barrier identified; - Individual's approach to meeting the goal(s); and - When other providers or services may be required to meet the goal(s).

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<ul style="list-style-type: none"> - Assisting with the housing application process, including assistance with applying for housing vouchers/applications; - Identifying resources to cover housing expenses; - Ensuring the living environment is safe and ready for move-in; - Assistance with arranging for and supporting the details of the move - Developing a housing support crisis plan; - Assistance with establishing and building a relationship for community integration; - Assistance with obtaining and identifying resources to assist the individual with financial education and planning for housing; - Working with the SC and ISP team to identify needed assistive technology; and - Working collaboratively with other service providers and unpaid supports. <p><u>Additional Required Claim Record Information:</u> The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or</p>	

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
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		electronic time sheets) that demonstrate the service was provided as specified in the ISP.	
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Employment

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7237 1:10 to 1:6 W7239 < 1:6 to 1:3.5 W7241 <1:3.5to >1:1 W7245 1:1	Small Group Employment Basic; Levels 1, 2, and 3	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Signature of person providing the service (E-signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual.</p> <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that</p>	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p>

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		demonstrate the service was provided as specified in the ISP.	
<u>Career Assessment:</u> W7235 1:1 <u>Job Finding and Development:</u> H2023 1:1 <u>Job Coaching and Support:</u> H2025 1:2 <u>Job Coaching and Support:</u> W9794 1:1	Supported Employment; PDS and U4 PDS	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Signature of the person providing the service (E-Signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual.</p> <p>Career Assessment service note may include, but is not limited to:</p> <ul style="list-style-type: none"> - Gathering and conducting a review of the individual's interests, skills, and work or volunteer history; 	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p> <p>When compiling the information from the services notes to complete a progress note, if multiple supported employment components (Career Assessments, Job Finding and Development, Job Coaching and Support) were provided, one progress note is sufficient to document which component the individual used.</p> <p>As part of an individual's ongoing use of job coaching and support, it is expected that the provider will develop a fading plan or fading schedule that will address how use of this service will decrease as the individual's productivity and independence on the job increases and as he or she develops unpaid supports through coworkers and other on-the-job resources.</p>

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		<ul style="list-style-type: none"> - Conducting situational assessments to assess the individual's interest and aptitude in a particular type of job; - Conducting informational interviews; - Identifying types of jobs in the community that match the individual's interests, strengths, and skills; and - Developing a career assessment report. <p>Job Finding and Development service note may include, but is not limited to:</p> <ul style="list-style-type: none"> - Employer outreach and orientation; - Job searching; - Job development; - Resume preparation; - Interview assistance; - Assistance with planning for employment; - Development of job skills specific to a job being sought, job analysis, consultation with employment-related agencies on behalf of an individual, or self-employment assistance. 	

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		<p>Job Coaching and Support service note may include, but is not limited to:</p> <ul style="list-style-type: none"> - Training the individual on job assignments; - Periodic follow-up; - Ongoing support with individuals and their employers; - The service must be necessary for individuals to maintain acceptable job performance and work habits; - Assistance with learning new work assignments; - Maintaining job skills; - Achieving performance expectations of the employer. <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP. For individual providers the service note is acceptable documentation.</p>	

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<u>Discovery Profile Outcome:</u> W7235 1:1 <u>Job Acquisition Outcome:</u> H2023 1:1 <u>Job Retention Outcome:</u> H2025 1:2	Advanced Supported Employment Modifier UD must be used when claiming for this service	<u>Claim Record:</u> <ul style="list-style-type: none"> - A detailed written Discovery Profile/Portfolio that is required for the service that summarizes the process, learning, and recommendations used to develop the individual's goal(s) and strategies to be used in securing competitive integrated employment and a production of a visual resume and individualized plan for employment; - A job evidenced by an offer letter, email, documented phone call, or other documentation from an employer offering the individual employment that meets the definition of competitive integrated employment or evidence of self-employment; and - A successful retention on the job, evidenced by the individual working a minimum of 5 hours per week for at least 4 months. Acceptable documentation includes, but is not limited to: <ul style="list-style-type: none"> • Paystubs; • A letter from the individual's employer; 	<u>Progress Notes:</u> Progress notes are required for this service, please refer to the bulletin for requirements.

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<ul style="list-style-type: none"> • The individual's work schedule. <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP.</p>	
W1740 1:1	Benefits Counseling (Use modifier SE)	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Signature of the person providing the service (E-Signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual, which may</p>	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p>

Employment

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<p>include activities that provide information and education about work incentives, essential benefit programs, and reporting requirements.</p> <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP. For individual providers the service note is acceptable documentation.</p>	

Vendor

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
T2028 T2029	Assistive Technology--Non-Medical or Medical	<p><u>For a Device or Remote Monitoring Fee, the Invoice:</u></p> <ul style="list-style-type: none"> - Includes an itemized list of provided/delivered goods; - Includes the date the device was purchased; and - Is submitted monthly at a minimum for remote monitoring. <p><u>For Services Rendered, the Service Note includes:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - Date and start and end time for when services were delivered (which may include a full month); - Signature of the person providing the service (E-Signature is allowed); - Place(s) the service is rendered; and - Description of the services that were rendered. 	<p><u>Progress Notes:</u> Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p> <p><u>Direct Payment to Vendor Through an Organized Health Care Delivery System Provider (OHCDS)</u></p> <ul style="list-style-type: none"> - Invoice is to be provided to the SCO or AE. <p><u>Vendor pay/PDS (receiving payments through an Agency with Choice (AWC) or a Vendor Fiscal/Employer Agent (VF/EA)</u></p> <ul style="list-style-type: none"> - AWC - Invoice must be provided to the managing employer and kept in the individual's record by the AWC. - VF/EA - Invoice must be provided to the common-law employer and provided to the VF/EA. <ul style="list-style-type: none"> • Both the common-law employer and the VF/EA must retain the invoice in the individual's record.

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
			<p><u>Other Documentation for Independent Living Technology:</u></p> <p>An evaluation plan that includes:</p> <ul style="list-style-type: none"> - The need(s) of the individual that will be met by the technology; - How the technology will ensure the individual's health, welfare, and independence; - Training needed to successfully utilize the technology; - Back-up plan that will be implemented should there be a problem with the technology; - A cost benefit analysis for all options; - If the individual is receiving waiver services prior to receiving independent living technology, the cost benefit analysis must show how the technology will substitute for at least an equivalent amount of Waiver services within 60 calendar days after installation, training and full use by the individual has begun; - If the individual is not receiving waiver services prior to receiving independent living technology, the cost benefit analysis must show how

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
			<p>the technology is more cost effective than Waiver services;</p> <ul style="list-style-type: none"> - An outcome monitoring plan that: <ul style="list-style-type: none"> • Outlines the outcomes the individual is to achieve by using independent living technology; • Shows how the outcomes will be measured; and • Shows the frequency that the monitoring will be completed which must be at least quarterly and more frequently if needed. - The individual's consent in writing or the written consent of a legally responsible party showing the understanding of the impact that the independent living technology will have on the individual's privacy.
W7278 W7279	Home or Vehicle Accessibility Adaptations	<p><u>Invoice that includes:</u></p> <ul style="list-style-type: none"> - Itemized list of provided/delivered goods; - Date the service was rendered; - Services that were utilized; - Cost detail for products and services; and - Original bid that includes before and after floor plans for Home Accessibility Adaptations as applicable. 	<p><u>Progress Notes:</u> Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p> <p><u>Vendor pay/Non PDS (receiving payments through OHCD)</u></p> <ul style="list-style-type: none"> - Itemized list is to be provided to the SCO or AE.

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
			<p><u>Vendor pay/PDS (receiving payments through an AWC or a VF/EA):</u></p> <ul style="list-style-type: none"> - AWC- Itemized list is to be provided to the managing employer and kept in the individual's record by the AWC. - VF/EA- Itemized list is to be provided to the common-law employer and provided to VF/EA. <ul style="list-style-type: none"> • Both the common-law employer and the VF/EA must retain the itemized list in the individual's record.
W7285	Respite Camp	<p><u>Invoice that includes:</u></p> <ul style="list-style-type: none"> - Individual attendance including start and end time(s) in a 24-hour period; and - Signature of camp director or designee, or the invoice is on authorized letterhead. 	<p><u>Progress Notes:</u></p> <p>Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p>
W7286	Respite Day Camp		<p><u>Vendor pay/Non PDS (receiving payments through OHCDs):</u></p> <ul style="list-style-type: none"> - Documentation must be provided to SCO or AE. <p><u>Vendor pay/PDS (receiving payments through an AWC or a VF/EA)</u></p> <ul style="list-style-type: none"> - AWC- Documentation must be provided to the managing employer and kept in the individual's record by the AWC.

Vendor

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
			<ul style="list-style-type: none"> - VF/EA- Documentation should be provided to the common-law employer and retained in individual's record. <ul style="list-style-type: none"> • Both the common-law employer and VF/EA must retain the documentation in the individual's record.
H0045	Exceptional Day Respite (Private ICF/ID, Skilled Nursing Facility, or non-Waiver licensed facility)	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when services were delivered; - Signature of person providing the service (E-Signature is allowed); - Place(s) the service is rendered; and - Information about transportation provided to enable the individual to participate in the respite service must be included. <p>A service note is to be completed for each unit that describes the service activities that is written by the person providing the respite and not by the caregiver to whom relief is being provided.</p>	<p><u>Progress Notes:</u> Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p> <p><u>Other Documentation:</u> Documentation as required under applicable licensing regulations.</p> <p>There is a process to request approval in an emergency situation to provide respite beyond approved program capacity. Confirmation of ODP approval for these situations is to be maintained, as applicable.</p>

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Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP.</p>	
W7284	Education Support Services	<p><u>Post-Secondary Education Invoice that includes:</u></p> <ul style="list-style-type: none"> - Signature of service provider or invoice on authorized letterhead; - Classes/Credit hours; - Description of general fees as applicable; and - On-campus peer support if applicable. <p><u>Communication Class (ASL or another form of communication) or Math or Reading Instruction Invoice that includes:</u></p> <ul style="list-style-type: none"> - Signature of service provider or invoice on authorized letterhead; and - Class Description. 	<p><u>Progress Notes:</u></p> <p>Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p> <p><u>Other Documentation for Post-Secondary Education:</u></p> <p>If direct providers are enrolled as a provider of Waiver services, the provider will provide a curriculum summary or course catalogue.</p> <p><u>Other Documentation for Post-Secondary Education, Communication Class, and Math or Reading Instruction:</u></p>

Vendor

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
			<p><u>Vendor pay/Non PDS (receiving payments through an OHCDIS):</u></p> <ul style="list-style-type: none"> - Documentation of invoice is to be provided to the SCO/AE. <p><u>Vendor pay/PDS (receiving payments through an AWC or a VF/EA):</u></p> <ul style="list-style-type: none"> - AWC- Documentation is to be provided to the managing employer and kept in the individual's record by the AWC. - VF/EA- Documentation is to be provided to the common-law employer and retained in the individual's record. <ul style="list-style-type: none"> • Both the common-law employer and VF/EA retain documentation in the individual's record.
W7062	Family Caregiver Support Counseling (training and registration fees) ³	<p><u>Invoice that includes:</u></p> <ul style="list-style-type: none"> - Attendance of all unpaid family or caregivers who attended the training; - Cost of seminar, training event, or conference; <ul style="list-style-type: none"> • If applicable, cost of lodging, meals, or transport must be documented separately, not part of the invoice. 	<p><u>Progress Notes:</u></p> <p>Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p>

³ Family Caregiver Support Counseling fee schedule service is found on page 12

Vendor

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<ul style="list-style-type: none"> - Signatures of an authorized representative of the agency offering the training, or the invoice should be on authorized letterhead. 	
T5999	Participant-Directed Goods and Services (Available to individuals in P/FDS & Community Living Waiver)	<p><u>Invoice that includes:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI or the name of the individual receiving the service; and - List of services, equipment and/or supplies that were provided/delivered. 	<p><u>Progress Notes:</u> Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p>
W6089	Specialized Supplies	<p><u>Invoice that includes:</u></p> <ul style="list-style-type: none"> - Diapers, incontinence pads, cleansing wipes, under pads, and vinyl or latex gloves purchased; and - Identifying information such as MCI number or the name of the individual receiving the service. 	<p><u>Progress Notes:</u> Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p>

Case Management

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7210 1:1	Supports Coordination	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - MPI number; - Date and start and end time for when the service was rendered; - Notes entered in HCSIS are required to indicate who entered the note (and his/her role, if not the SC); - Location of services; - Coordination of services; - Monitoring of services; - Amount of service (units); and - If service is billable/non-billable. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities.</p>	<p><u>Progress Notes:</u></p> <p>Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p> <p><u>Other Documentation:</u></p> <p>Summary information to be maintained in HCSIS at the required Waiver monitoring frequency to include:</p> <ul style="list-style-type: none"> - Current and outstanding issues; - Content/impact of services being billed; - Progress toward, maintenance of, or lack of progress toward outcomes and actions; - Required follow up.
T1017 1:1	Targeted Support Management		

Transportation

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7271	Transportation (Mile)	<p><u>Claim Record:</u> Mileage log containing:</p> <ul style="list-style-type: none"> - Identifying information such as MCI or the name of the individual receiving the service; - Date; - Address of point of pickup and destination; - Total miles; - Purpose of trip; and - Driver's signature to document that mileage was provided for activities identified in the ISP. <p>When Transportation (Mile) is provided to more than one individual at a time, documentation is needed of how mileage was allocated to each individual.</p>	<p><u>Progress Notes:</u> Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p> <p><u>Other Documentation:</u> When appropriate, the vendor shall provide documentation to the provider, common-law employer or managing employer.</p> <p><u>Direct Payment to Vendor Through an OHCD)</u></p> <ul style="list-style-type: none"> - Provide mileage logs to the individual's SCO. <p><u>Vendors receiving payments from an AWC:</u></p> <ul style="list-style-type: none"> - Provide this documentation to the managing employer and retain in the individual's record. <p><u>Vendors receiving payments from a VF/EA:</u></p> <ul style="list-style-type: none"> - Provide this documentation to the common-law employer and retain in the individual's record.

Transportation

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7272	Transportation-Public	<p><u>Claim Record:</u></p> <ul style="list-style-type: none"> - Receipt or verification that the item (such as a weekly or monthly bus pass) was purchased. 	<p><u>Progress Notes:</u> Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p> <p><u>Other Documentation:</u> Explanation that the individual received the item is required.</p> <ul style="list-style-type: none"> • The documentation should note that the item was either delivered in person or other delivery confirmation was used.
W7274 W7275 W7276	Transportation Zone 1, 2, and 3 -Trip	<p><u>Claim Record:</u> An attendance record for each vehicle with:</p> <ul style="list-style-type: none"> - Trip log; and - Signature of the transportation coordinator, driver, or aide. <p>If more than six riders are listed in the record for the same time period, there should be a time sheet to document the presence of an aide.</p>	<p><u>Progress Notes:</u> Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service.</p>

Supports for Participant Direction

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7096 1:1	Supports Broker Services	<p><u>Service Notes include:</u></p> <ul style="list-style-type: none"> - Identifying information such as MCI number or the name of the individual receiving the service; - The MPI number; - Date and start and end time for when services were delivered; - Signature of person providing the service (E-Signature is allowed); and - Place(s) the service is rendered. <p>A service note is to be completed for each continuous span of 15 minute units that describes service activities. When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual, which may include:</p> <ul style="list-style-type: none"> - Explaining and providing support in completing employer or managing employer related paperwork; - Participating in Financial Management Services (FMS) orientation and other necessary trainings and interactions with the FMS provider; - Developing effective recruiting and hiring techniques; - Determining pay rates for workers; - Providing or arranging for worker training; 	<p><u>Progress Notes:</u></p> <p>Progress notes are required for this service, please refer to the bulletin for requirements.</p>

Supports for Participant Direction

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<ul style="list-style-type: none"> - Developing worker schedules; - Developing, implementing and modifying a back-up plan for services, staffing for emergencies and/or worker absences; - Scheduling paid and unpaid supports; - Developing effective management and supervision techniques such as conflict resolution; - Developing proper procedures for termination of workers in the VF/EA FMS option or communication with the AWC regarding the desire for removal of the workers from working with the individual in the AWC FMS option; - Reviewing workplace safety issues and strategies for effective management of workplace injury prevention; - Assisting the individuals or their designated surrogates in understanding and/or fulfilling the responsibilities outlined in the common-law employer agreement form and the managing employer agreement form; - Facilitating a support group that helps to meet the individual's self-direction needs; - Expanding and coordinating informal, unpaid resources and networks within the community to support success with self-direction; - Identifying areas of support that will promote success with self-direction and independence 	

Supports for Participant Direction

Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
		<p>and share the information with the team and SC for inclusion in the ISP;</p> <ul style="list-style-type: none"> - Identifying and communicating any proposed modifications to the individual's ISP; - Advising and assisting with the development of procedures to monitor expenditures and utilization of services; - Complying with the standards, regulations, policies, and the Waiver requirements related to self-direction; - Advising in problem-solving, decision-making, and achieving desired personal and assessed outcomes related to the self-directed services; - When applicable, securing a new surrogate and responding to notices for corrective action from the FMS, SC, AE or ODP. <p><u>Additional Required Claim Record Information:</u></p> <p>The provider retains a record of time that staff worked, including electronic documentation (such as E-Signatures or electronic time sheets) that demonstrate the service was provided as specified in the ISP. For individual providers the service note is acceptable documentation.</p>	

Billing Guidance

Units of Service	Each procedure code has been assigned a service unit that is used for rate development and billing. Each service unit equals the amount of time that a provider must render the service to submit a claim to be paid for the service.
15 Minute Unit of Service	The 15-minute unit of service will be comprised of 15 minutes of continuous or non-continuous service within the same calendar day. The full 15 minutes of service does not need to be provided consecutively, but must be rendered within the same calendar day to be billed.
Day Unit of Service:	<p>Effective January 1, 2018 for Residential Habilitation and Life sharing and on July 1, 2017 for Supported Living, a day is defined as a period of a minimum of 8 hours of non-continuous care rendered by a residential provider within a 24-hour period beginning at 12:00 a.m. and ending at 11:59 p.m.</p> <p>There are two exceptions to the day unit rule as follows:</p> <ol style="list-style-type: none"> 1. When an individual is admitted to a hospital or nursing facility the residential provider may not bill for the day the individual is admitted regardless of how many hours of care the residential provider has rendered during the 24-hour period. When the individual is discharged from a hospital or nursing facility the residential provider may bill for the discharge day of service regardless of how many hours of care the residential provider has rendered during the 24-hour period. 2. When an individual is receiving residential services from one provider and is transitioning from that provider to a new residential services provider, only the current residential provider that the individual is transitioning away from can bill for the day that the transition occurs regardless of the number of hours of service rendered by either provider. <p>For residential services that average less than 30 hours per week of direct support, and if the individual either does not require daily support or that some level of daily support is provided through natural supports, a day unit is defined as a period of a minimum of 8 hours of non-continuous care which may include on-call support or remote monitoring.</p> <p>For determining whether an individual requires less than an average of 30 hours per week to determine whether licensing of Residential Habilitation and Life Sharing settings is required, all</p>

Billing Guidance

	the services the individual receives through the Waiver (including direct support from the residential provider and any other direct waiver services) or Medical Assistance should be counted.
Hour Unit of Service	The hour unit of service will be comprised of 60 minutes of continuous or non-continuous service within the same calendar day. This means the full 60 minutes of service does not need to be provided consecutively, but must be rendered within the same calendar day for a unit of service to be billed.
Vendor Goods and Service	These services are reimbursed based on the cost charged to the general public, and must be the most cost-effective to meet the individuals' needs.
Per Mile Unit of Service	Each unit of service equals one mile.
Per Trip Unit	A trip is either transportation to a service from an individual's home or from the service location to the individual's home. The Transportation Trip provider agency decides the geographical area that equals the per trip service unit.