

Claim and Service Documentation Requirements for Providers

Clarification Documents

- ODP Bulletin 00-18-04 *Interim Technical Guidance for Claim and Service Documentation*
- ODP Bulletin 00-17-02 *Claim and Service Documentation Requirements for Providers of Consolidated and Person/Family Directed Support Waiver Services and Targeted Services Management*

➤ Question and Answer

Question: It appears that there are discrepancies in the guidance given in Bulletin 00-18-04 and Bulletin 00-17-02. Which bulletin are we to follow when this is the case?

Answer: Bulletin 00-17-02, progress notes are to be completed during the calendar month the service is provided.

Bulletin 00-18-04, progress notes must be completed, at a minimum, every three months.

ODP will consider a provider compliant if progress notes are completed every 3 months but providers can choose to complete progress notes every month.



➤ Approach: Review Regulatory Authority

- Federal Regulations
- Waiver Application Technical Guide
- Federal Department of Health and Human Services (HHS) Departmental Appeals Board (DAB)
Decisions on Disallowance due to documentation
- CMS Technical Guidance
- 55 Pa. Code Chapters 51 and 1101
- PA Bulletins

➤ Approach: Review Regulatory Authority

Presumption of requirements for FFP claiming

- ✓ The participant is Medicaid eligible
- ✓ Assessed Need / Service authorized in the plan
- ✓ Qualified Provider

➤ Overview: Documentation Purposes

- Claims documentation processes ensure that necessary measures are in place to verify that the services that are billed to the Department of Human Services are delivered to the individuals approved to receive the services.
- Provide an audit trail / claim record
- Maintain a record of service related information
 - Record of essential information
 - Communication tool for support team
 - Monitor, assess and adjust service delivery
 - Quality Assurance and Improvement

➤ Claim Record

- Documentation to provide a record of services delivered to an individual must be prepared and kept by the provider for the purposes of substantiating a claim.
 - Record of time worked (time sheets)
 - Service Notes



➤ Progress Notes Vs. Service Notes

	Progress Notes	Service Notes
Purpose	Ensure services are meeting the individual's needs over time. Indicate progress or lack of progress.	Describe service activities
	Ensure providers are meeting expectations of service quality	Document that service is provided in accordance with ISP
	Provide information essential for provider review and self-monitoring to ensure services are rendered as authorized in the ISP	Information source to be used by provider staff, the provider, the common-law employer or managing employer and the Supports Coordinator
	Not necessary to substantiate a claim	Essential component of claim record



➤ Progress Notes Vs. Service Notes

	Progress Notes	Service Notes
Person Responsible for Completion	Typically completed by a program specialist or other provider staff who conduct routine reviews or oversight of staff	Completed by the person providing the service
Frequency of Completion	Once every 3 months at a minimum	On the day the service is delivered, typically during or immediately after the provision of the service.
		Supports Coordinators and Targeted Supports Managers document service activities within one business day

Service Notes

- Services billing in 15-minute and hour units – A Service Note is to be completed when services are provided by the same staff person(s) for a continuous span of units.
 - A new service note must be completed when there is an interruption of service or a change in staff person(s) providing the service within the calendar day.
- Services billing day units – A Service Note is to be completed for each day unit that documents the provision of direct or indirect services for the minimum number of hours required to bill for the day unit.
 - New service note not required when there is a change of staff providing the service.



➤ Question and Answer

Question: We are unclear about the requirements for service notes covering a continuous span of 15-minute units versus billing guidance for 15-minute units. The guidance seems contradictory

Answer: Billing and service note documentation are two separate activities with different guidance.

Service Notes - There doesn't need to be a separate service note for each 15-minute unit of service rendered by the same staff person. Federal Requirement that documentation reflects the person providing the service. It is also necessary to know when the service is provided.

Billing - Billing is less stringent in that providers can bill a 15-minute unit when the full 15 minutes has been provided, even if there is an interruption of service within the same calendar day. This guidance regarding billing has not changed.

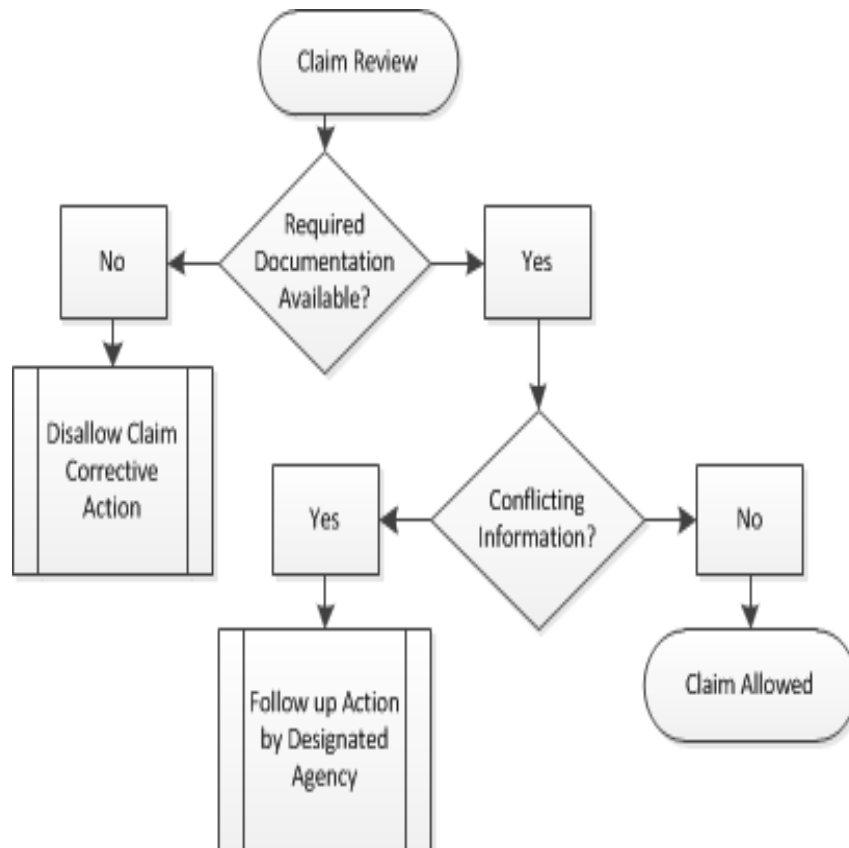
➤ Question and Answer

Question: ODP released a Progress Note template to comply with Chapter 51 regulations. It doesn't seem to comply with the requirements in bulletin 00-18-04. Should we continue to use this template?

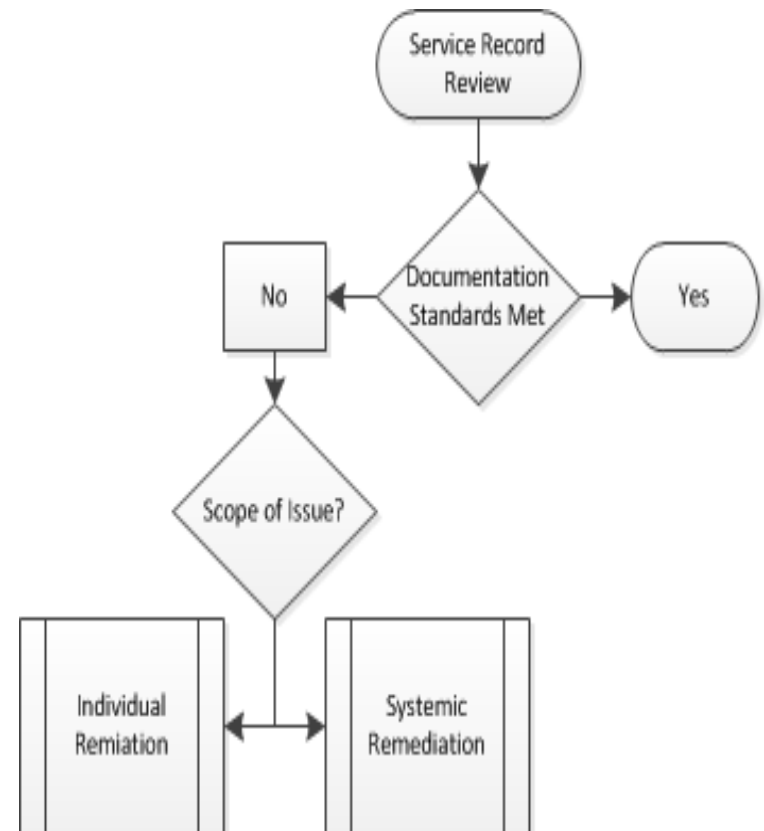
Answer: Please discontinue use of this template as it does not comply with 00-18-04.

Overview: Documentation Components

Audit Trail



Quality Review





Common Errors

- No MCI Number on Service Note
- Staff person rendering service not identified on Service Note
- No documentation provided at all
- No Service Note provided, only Progress Notes
- Service Note documentation only showed start and end times or time in community, no narrative about what happened.

Next Steps

- Question and Answer Document
- 55 Pa. Code Chapter 6100 Regulations
- Update bulletin and release as final versus interim.

Comments and Questions