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Claim and Service Documentation

for Programs funded by the Office of Developmental Programs (ODP)

Overview

August 4, 2022

Objectives

- Identify the intent of Bulletin 00-22-03 and attachments
- Describe the relationship between claims documentation and service documentation
- Identify the purpose, information needed, and differences in Service Notes and Progress Notes
- Highlight clarifications in the newly published bulletin
- Identify benefits of provider checks and balances
- Enhance compliance with federal and state regulations

Purpose of Bulletin 00-22-03

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- Bulletin 00-22-03 replaces 00-18-04
- **Update and Clarify** guidance on documentation needed to substantiate a claim and guidance on the service documentation processes.
- Updates and Clarifications based on:
  - Implementation of 55 Pa. Code Chapter 6100
  - Changes to waivers and program requirements
  - Adding Adult Autism Waiver guidance
  - Lessons learned

Fundamentally, the guidance in Bulletin 00-22-03 is not different than the guidance that was released in 2018 with Bulletin 00-18-04.

Technical Guide

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The *Technical Guidance for Claim and Service Documentation* provides specific guidance on the documentation that must be kept for each service in order to support a claim and to document service delivery.

Attachment 1:
For providers and Supports Coordination Organizations of Consolidated, Community Living, and Person/Family Directed Support Waiver services as well as Targeted Support Management and Base-funded Services.

Attachment 2:
For providers of services in the Adult Autism Waiver.

These attachments apply to services rendered by providers and SCOs that have enrolled directly with ODP, organized health care delivery systems, and services delivered through both self-directed services models, Agency with Choice and Vendor Fiscal/Employer Agent.

How to Use the Technical Guide

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The Technical Guide is divided into three columns

Service	Required Elements of Service Notes and/or Claim Documentation	Progress Notes & Other Required Documentation

Column 1: Identifies the name of the service.

Column 2: Specifies the required content of service notes, invoices, receipts, mileage logs, etc. that are used to substantiate billing for a service.

Column 3: Specifies whether progress notes are required and other documentation requirements that need to be completed.

Bulletin and Technical Guide

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- In order to fully understand the requirements and expectations of claim and service documentation, the Technical Guide must be used **in conjunction with** Bulletin 00-22-03.
- For example: The content of the service notes are listed in column 2 of the Technical Guide. However, each element is further defined, and examples of acceptable documentation are included starting on page 4 of the bulletin.

Part 1
Claim Documentation: Service Notes

Purpose of Service Notes - 1

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Document Service Delivery

- Provides a record that services have been delivered in accordance with the individual's ISP.
- Describes the activities conducted.
- Used to ensure the delivery of high-quality services.
- Used to prepare and complete a high-quality progress note.

Purpose of Service Notes - 2

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A Source of Information

Information to be used by provider staff, the provider, the common-law employer or managing employer and the Supports Coordinator.

- A source of communication for the ISP team.
- A source for assessing effectiveness and progress towards an outcome.
- A source used by billing personnel.

Purpose of Service Notes - 3

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Support Paid Claims

- The Centers for Medicare and Medicaid Services (CMS) has requirements that providers must maintain the documentation used to generate a claim. If the provider does not have this documentation, the claim is not eligible for federal funding.

- Pennsylvania regulations require documentation that verifies the delivery of the service and supports payment of claims.
  - 55 Pa. Code Chapter 1101 (for participation in a Medical Assistance program).
  - 55 Pa. Code Chapter 6100 (services for individuals with an intellectual disability or autism).

Who completes a Service Note?

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Completed by the person providing the service

Exceptions:

- **For facility-based or residential settings:** a supervisor or program specialist can complete the service note based on their observations of service delivery and staff reports about the activities that were provided to or on behalf of the individual.
- **For a 2:1 staff-to-individual ratio:** only one of the staff needs to complete the service note.

Example

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This is an example of how part of a Service Note could look when the persons rendering the service is different from the person completing the Service Note.

Service Note for Residential Habilitation
Individual First and Last Name, MCI number or MA Number: **Javier Ortiz**
Provider Agency Name or 9 digit MPI: **012345001**
Date of Service Delivery: **July 19, 2022**
Name of Person(s) Rendering Service: **Rachel Brown, Chris Miller, Carlos Garcia**
Name of Person Completing the Service Note if Different from Person Rendering Service: **Olivia Williams**
Signature of Person Completing the Service Note: ***Olivia Williams***

When are Service Notes Completed?

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Service Notes are completed on the same day the service is delivered, typically during or immediately after the provision of service.

Exceptions for extraordinary circumstances or emergencies when a service note cannot be completed on the same day:

- Document why the exception is necessary and include the documentation with the Service Note
- Ensure completion as soon as possible

Service Notes for Supports Coordination

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Supports Coordinators document service delivery within **one business day** and enter a Service Note into HCSIS within **seven calendar days** from the day the service was provided.

The documentation of service activities that is completed within one business day may be in any form as long as it has sufficient information to complete the Service Note in HCSIS.

For example, an SCO may choose to use logs, electronic notes, or other documentation.

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Supports Coordination Service Notes can be “bundled” when entered in HCSIS

In other words….

Supports Coordination Organizations may enter multiple service notes as a single entry in HCSIS for services delivered to the same individual, by the same Supports Coordinator on the same calendar day.

If SCOs choose to “bundle” Service Notes in HCSIS, the **start and end times** of each separate service delivery must be documented in the **text of the service note in HCSIS** or **on the documentation of activity completed within one business day**.

Service Notes for 15-Minute or Hour Units

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Completed for each continuous span of units.

- A continuous span of units is the provision of a service by the same staff person that is not stopped or discontinued.

Example: A staff person provides In-Home and Community Support from 8am to 1pm. One Service Note can be completed by the staff person describing what was done during those 5 hours.

A new Service Note must be completed when there is:

- An interruption of service
- A change in staff person(s) providing the service within the same calendar day*

*Exception for CPS/Day Habilitation outlined in Technical Guide

Same Document – 15 minute or hour units

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If an individual is receiving **multiple services throughout the day** and the services are **rendered by the same staff person**, service notes may be entered in the same document or form if all required information is included for each service.

Day Units

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For services tracked and billed in day units, a new Service Note must be completed for each day the service is provided.

A new Service Note is not required when:

- There is a break in direct service and the service is reinitiated within that same day. For example, when an individual in a residential setting goes to work and returns later that day.

- There is a change in staff providing the service within that same calendar day

  *BEST PRACTICE: Staff should communicate with each other so that the service note will have information from the entire time that services were rendered.

Day Units – Minimum Hours of Service

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Residential Services – at least **8 hours** of direct or indirect service.

Respite Services in licensed, unlicensed, or other licensed settings – at least **8 hours** of direct or indirect service.

- Adult Autism Waiver: For Out-of-Home Respite in the AAW, at least **10 hours** of direct or indirect service.

Respite services in private homes – at least **16 hours** of services.

Day Unit Documentation

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Claim Documentation must substantiate that an individual was provided support for at least the minimum number of hours for each date that is billed.

Life Sharing and Licensed Residential Habilitation: May be in a Service Note or through other documentation.

Supported Living and Unlicensed Residential Habilitation: The Service Note must include both the total amount of time direct services and indirect services were provided to the individual.

Day Unit Respite: The Service Note must include the start and end times of service delivery.

Residential Habilitation

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Claim Documentation must substantiate the “with day” or “without day” claim.

- “Without Day” is any day in which one of the following occurs:
  - An individual solely receives services that are part of the Residential Habilitation service.
  - An individual receives fewer than 5 hours of services and/or unpaid supports that are not included in the Residential Habilitation service.

- “With Day” is any day in which an individual receives 5 or more hours of services and/or unpaid supports that are not included in the Residential Habilitation service.

Same Document – Day Units

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- Multiple service notes for one individual may be entered in the same document or form if all required information is included.

- For example, if a provider chooses to have multiple staff persons in a residential setting each write a description of activities the staff person completed with the individual, all of those descriptions could be recorded in one document.

Community Participation Support

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A new Service Note is needed when there is a change in billing code.

Examples of when a new Service Note would be needed:

- An individual transitions from facility-based CPS to community-based CPS.
- An individual transitions from direct supports to on-call or remote supports.
- There is a staff-to-individual ratio change in the community or facility that affects the procedure code billed.

Multiple service notes for the same individual for services delivered on the same day may be documented on one form as long as all required elements of a Service Note are included for each service. In each of these scenarios above, the service notes can be combined into one document.

Options for CPS

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Service Note Options:

- A single service note can be used but contain multiple entries based on information provided by each staff person involved in providing the service.
- A supervisor or program specialist who is present for the entirety of the service provision on the day services were delivered can complete the service note based on their observations of service delivery and staff reports about the activities that were provided to or on behalf of the individual.
- The provider can create a checklist for staff to document the service provided.

CPS – Attendance and Absence

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- Each Service Note must include the start and end times of service delivery.

- A frequent error that is seen in billing for CPS is that the service is billed as it is authorized on the ISP, regardless of attendance.

- For example, John Smith is scheduled to attend day program Monday through Friday from 9:00am-3:00pm. On Wednesday, John has a doctor's appointment in the morning and his sister drops him off at day program at 10:30am. The Service Notes and billing should reflect that John arrived at 10:30am on Wednesday.

Staff Ratios

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When there is a ratio-based service (CPS) or the staff-to-individual ratio is higher than 1:1 (for example, In-Home and Community Supports at a 2:1 ratio), there must be documentation that verifies the staff ratio that was used to support the individual.

This may be completed as part of the Service Note or may be documented separately.

Using Checklists

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Every Service Note must include the nature or description of the activities involved in the provision of the service.

Some services are permitted to use a checklist that satisfies this requirement.

A narrative of activities in addition to a checklist is **not required but may be helpful** because checklists alone do not capture anecdotal information from direct support professionals.

When a checklist is used, a separate Service Note is not required as long as the checklist includes all of the required elements of a Service Note.

Using Checklists - Allowable Services

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Providers may choose to create and use a checklist to document the activities that occurred during service delivery for the following services:

ID/A Waivers and Base-Funded Services	
Behavioral Support	Supports Broker Services
Shift Nursing	Housing Transition and Tenancy Sustaining
Communication Specialist	Community Participation Support
Consultative Nutritional Services	In-Home and Community Supports
Family/Caregiver Training and Support	Companion
Supported Living, Residential Habilitation, Life Sharing, and Supplemental Habilitation	Base-Funded Services: Special Diet Preparation and Recreation/Leisure Time Activities
Small Group Employment, Supported Employment, and Benefits Counseling	Homemaker/Chore

Using Checklists – Allowable Services AAW

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Providers may choose to create and use a checklist to document the activities that occurred during service delivery for the following services:

Adult Autism Waiver	
Specialized Skill Development: Behavioral Specialist, Systematic Skill Building, and Community Support	Temporary Supplemental Services
Day Habilitation	Family Support
Nutritional Consultation	Residential Habilitation – Community Homes and Life Sharing
Small Group Employment, Career Planning and Supported Employment	

Considerations for the use of a Checklist

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Providers considering the use of a checklist should consider the following:

- Can a checklist meet the provider's documentation needs?
- Will the use of a checklist provide enough information to determine if the quality of the service provided meets the provider's expectations?
- Will the use of the checklist provide adequate documentation on the individual's level of assistance, support, and guidance needed to enable the provider to evaluate an individual's progress towards a goal and develop a high-quality progress note?
- Should a narrative in addition to a checklist be used by direct support professionals?

Broad vs. Individualized Checklists

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Providers may develop and use checklists based on the service definition or specialized to the individual.

Checklists based on service definition can be expanded or "developed broadly" to list full or abbreviated descriptions of activities as described in the service definitions.

Examples of checklists based on service definition are included in Attachments 1 and 2.

Unacceptable Checklists

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Examples of checklists that are unacceptable because they do not meet the requirements for claim documentation:

- The checklist only lists the name of the service and does not describe any activities that occurred during service delivery.
- The checklist includes a description of activities that are not included in the service definition.
- The checklist includes the delivery of activities that are not compensable.
- The checklist does not support the amount of time billed on the claim.
- The checklist solely includes a list of outcomes or goals and does not include an additional description of the activities that were performed during service delivery. For example, “improve social skills” may be an outcome or goal for an individual but does not describe the activity that occurred to work towards that outcome or goal.

EVV – Electronic Visit Verification

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- Some services are subject to EVV
- EVV systems may fulfill some, but not necessarily all, of the Service Note requirements
- Providers using their own EVV systems could update the systems to include all required elements of a Service Note
- The Commonwealth's system (Sandata) does not have all the required elements of a service note

Additional Information on EVV: Department of Human Services' Website

Part 2
Service Documentation: Progress Notes

Purpose of Progress Notes

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- Evaluate whether the activities occurring as part of the provision of services are helping the individual achieve their desired outcomes (aka delivering quality services).

- Ensure services are meeting the individual's needs over time.
  - Indicate progress or lack of progress towards an outcome
  - Reviewers like ODP, the AE, or the Supports Coordinator
  - Provider self-monitoring; crucial to the Quality Assessment and Improvement (QA&I) process

*Progress Notes are not used to substantiate a claim

Progress Notes - Exceptions

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Respite

Service	Required Elements of Service Notes and/or Claim Documentation	Progress Notes & Other Required Documentation
15-Minute Unit Respite (In-Home Respite and Unlicensed Out-of-Home Respite Services)	**Service Notes Must Include:** - Identifying information for the individual; - Identifying information for the provider; - Date of service delivery; - Start and end times of service delivery; - The service delivered; - The date the service note is completed; - Name and signature of person completing the service note; - *For enhanced service levels only,* the degree/license/certificate of the staff providing services; - Place(s) the service is rendered; - A description of activities; and - *For enhanced service levels only,* also include a description of the enhanced level of services provided to support the behavioral or medical	**Progress Notes:** Service notes/claim documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service. **Other Documentation:** The provider must retain a record of time that staff worked that demonstrates the service was provided as specified in the ISP.

Progress Notes - Exceptions

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Services that do not require progress notes:

ID/A Waivers and Base-Funded Services	Adult Autism Waiver
Supports Coordination	Supports Coordination
Respite	Respite
Transportation (Mile, Public, and Trip)	Transportation (Public and Trip)
Vendor Services: Assistive Technology, Home or Vehicle Accessibility Adaptations, Education Support Services, Family/Caregiver Training and Support (Registration and Training Fees), Participant-Directed Goods and Services, Specialized Supplies	Vendor Services: Assistive Technology, Home Modifications, Vehicle Modifications, Community Transition Services
Homemaker/Chore	
Benefits Counseling	
Base Funded Services: Family Aide Services, Home Rehabilitation, Respite Care, Family Support Services/Individual Payment	

Who Completes Progress Notes?

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- Typically written by a program specialist or other provider staff who conducts routine reviews or oversight of staff or during service monitoring.

- Self-Directed Services
  - Vendor Fiscal/Employer Agent – The common-law employer completes the progress note.
  - Agency with Choice – Managing employer (or Agency with Choice organization) completes the progress note.

Cooperative and Holistic Development

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The person preparing the Progress Note must:

- Review Service Notes
- Observe Service Delivery
- Speak with the individual, person(s) designated by the individual, and staff involved with the individual as appropriate
- Supports Coordinator

Progress Notes – Content - 1

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Progress Notes must include:

- Identifying information for the individual.
- Identifying information for the provider.
- Name of the service.
- Date range of service delivery under review.
- The name of the staff person completing the progress note.
- The date the progress note is completed.

Progress Notes – Content - 2

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Progress Notes must include:

If the service was provided in accordance with the ISP.

Services are delivered in accordance with the ISP unless there is a pattern of services not being delivered during the period under review

If services are not delivered in accordance with the ISP, the provider should consider whether they can continue to meet the individual's needs, preferences, progress toward outcomes/goals, health, safety, and well-being.

Progress Notes – Content - 3

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Progress Notes must include:

If the service met the needs and preferences of the individual.

Impact on the individual's health, safety, well-being, preferences, and routine.

Documentation of restrictive procedures usage when restrictive procedures are included in an individual's ISP and Behavioral Support Plan.

Progress Notes – Content - 4

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Progress Notes must include:

How progress will be addressed, if there was lack of progress on a desired outcome.

If the individual is not making progress towards their outcomes or goals, the provider must identify why there is a lack of progress and document in the progress note the action steps the provider will take to address the lack of progress.

Progress Note Timeframes - 1

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- Progress Notes are completed for every three-month period.
- Providers have the discretion to complete Progress Notes more frequently.

Progress Note Timeframes - 2

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Consolidated, Community Living, P/FDS Waivers, and Base Funded Services

- The provider has **one month** after the last date included in the timeframe under review to complete the progress note.
- For example, if the time period of service delivery that will be included in the progress note is June 16th through September 16th, the provider has until October 16th to complete the progress note.

Progress Note Timeframes - 3

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Consolidated, Community Living, P/FDS Waivers, and Base Funded Services

- Progress notes must cover all dates.
- For example, if the last Progress Note covered June 16th through September 16th, the period under review for the next progress note must begin on September 17th.
  - Regardless whether the service was delivered on September 17
  - Regardless of the date the progress note is completed

Getting on a Schedule

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Consolidated, Community Living, P/FDS Waivers, and Base Funded Services

- The three-month “clock” begins on the first date of service delivery
- Providers may consider shortening a time period under review to align the review dates more favorably
- Example: a provider begins delivering services to an individual on May 15th. The provider may choose to create a progress note for dates May 15th through May 31st and complete a progress note every three months thereafter

Adult Autism Waiver

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Adult Autism Waiver Services

- Providers must continue to follow previously outlined timeframes for reporting quarterly progress.
- Providers should continue to refer to the Adult Autism Waiver Quarterly Progress Note (QPN) Guidance on MyODP.org. The chart specifies the quarter under review based on the individual's Plan Effective Date and the date by which the quarterly progress note must be completed and submitted into QuestionPro.

Other Documentation

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Employment

Service	Required Elements of Service Notes and/or Claim Documentation	Progress Notes & Other Required Documentation
Small Group Employment	**Service Notes Must Include:** - Identifying information for the individual; - Identifying information for the provider; - Date of service delivery; - Start and end times of service delivery; - The service delivered; - The date the service note is completed; - Name and signature of the person completing the service note; - Place(s) the service is rendered; and - A description of activities.* A service note must be included for each continuous span of 15-minute units. *The provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual that satisfies the requirement for a description of activities, as long as it includes all other elements listed above.	**Progress Notes:** Progress notes are required for this service. Please refer to the bulletin for the requirements for progress notes. **Other Documentation:** The provider must retain a record of time that staff worked that demonstrates the service was provided as specified in the ISP.

Part 3
Reviewing Claim and Service Documentation

Provider Internal Processes

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Service providers should:

- Ensure mutual understand of the service intent and service provided, seeking clarification as needed.
- Use Bulletin 00-22-03 and the appropriate attachments for Technical Guidance for Claim and Service Documentation.
- Establish safeguards and controls
- Establish internal review, feedback and remediation processes.
  - For example, a sample claims to identify areas to be addressed.

Submitting Claims – Provider Review

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Prior to the submission of the claim, do the Service Notes include:

- All required information?
- Confirmation the service was provided at the expected frequency and duration?
- Validation for the number of units billed?

External Reviews

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Service Notes and Progress Notes are subject to reviews:

- ODP
- Administrative Entities
- Department of Human Services' Bureau of Financial Operations
- Centers for Medicare and Medicaid Services (CMS)

Claim Review Process

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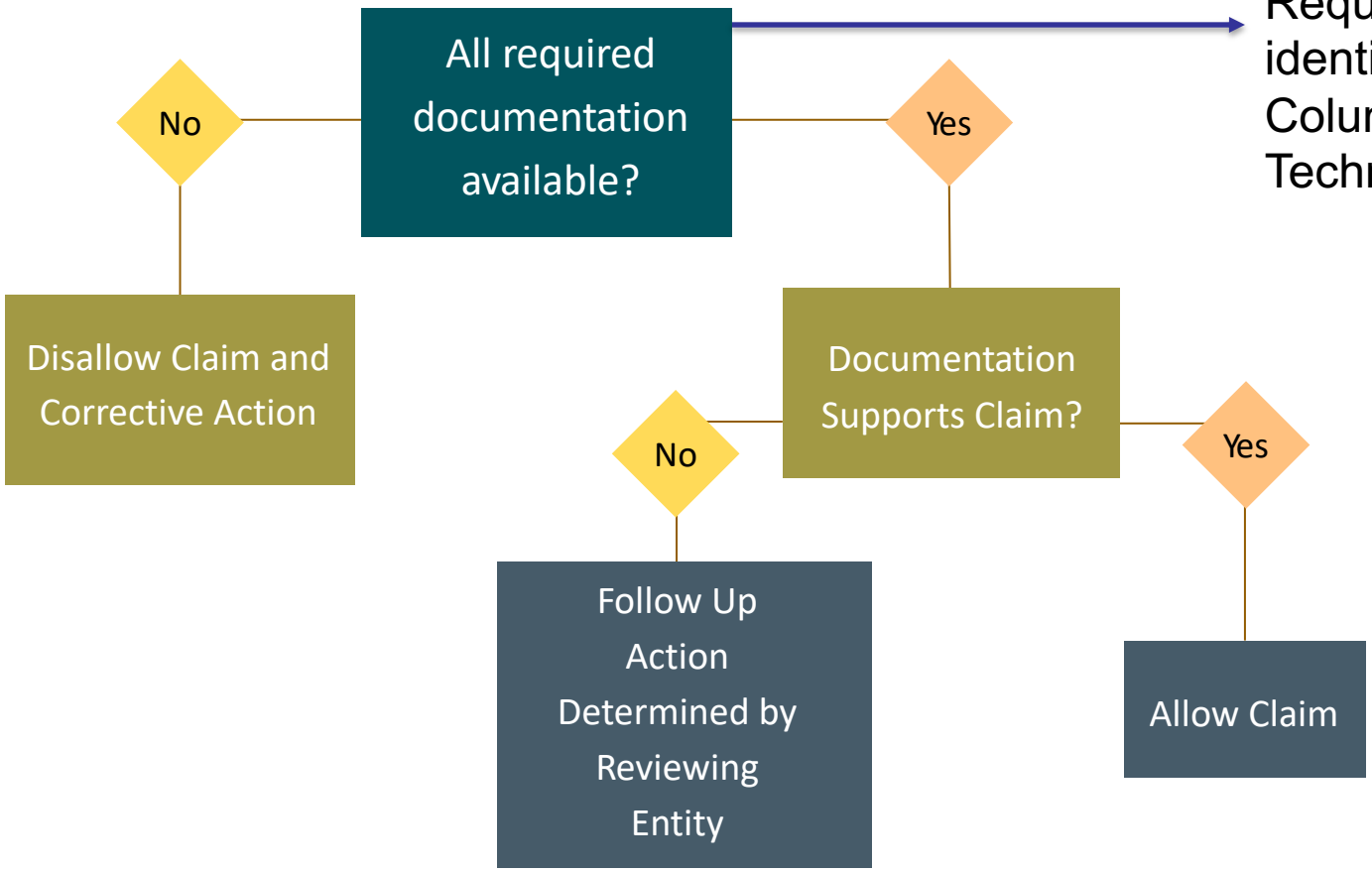

Requirements identified in Column 2 of the Technical Guide

Quality Review

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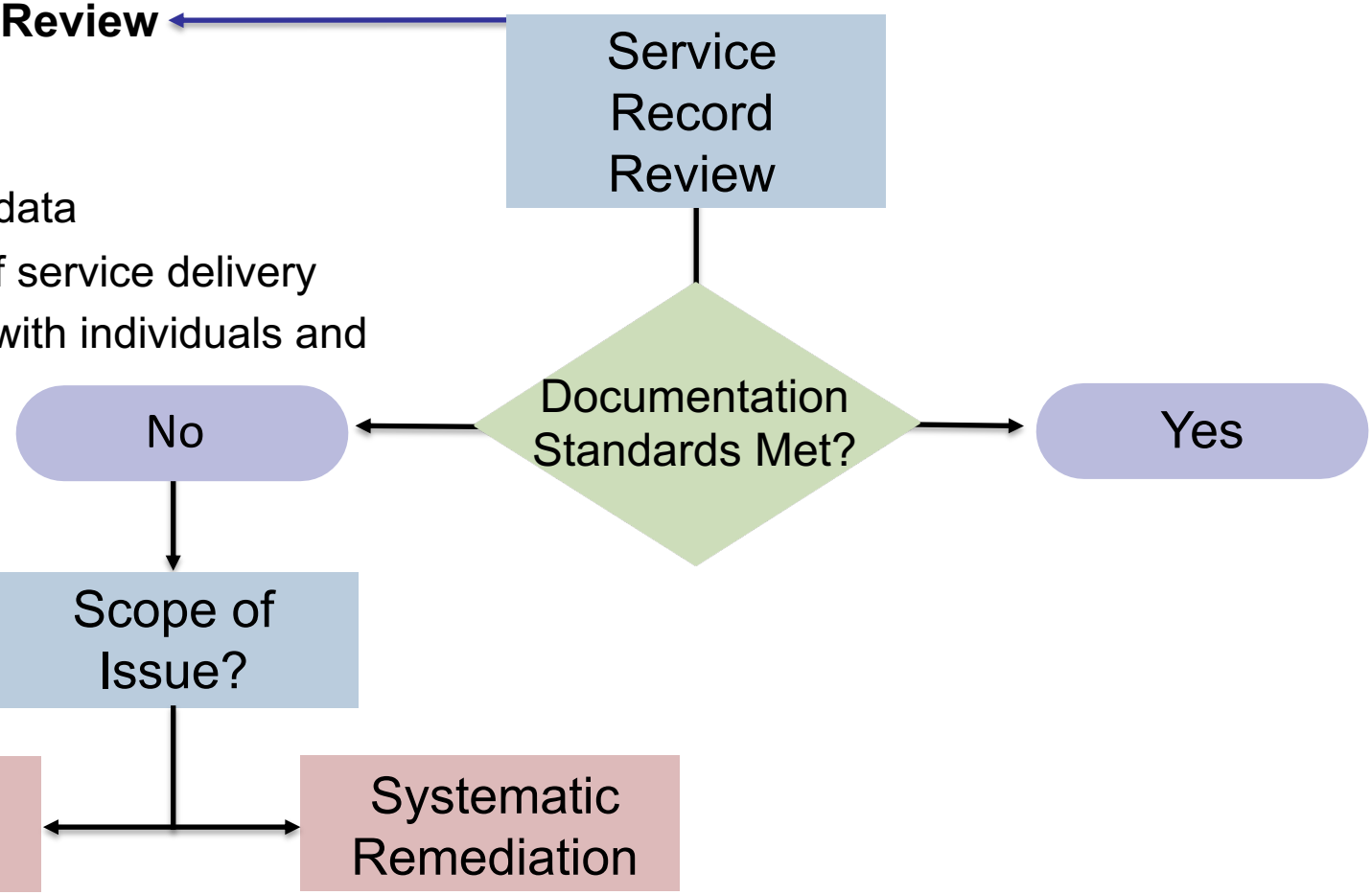
Service Record Review

- Service Notes
- Assessments
- Other service data
- Observation of service delivery
- Conversation with individuals and others



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VALUES IN ACTION

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Links

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Bulletin 00-22-03, *Technical Guidance for Claim and Service Documentation*

Attachment 1

For providers and Supports Coordination Organizations of Consolidated, Community Living, and Person/Family Directed Support Waiver services as well as Targeted Support Management and Base-funded Services.

Attachment 2

For providers of services in the Adult Autism Waiver.

Questions

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