The Basics

Requirements Per Page

- Full, legal name of participant
- Individual Plan of Care start date for participant
- Name, type, and billing code of service provided
- Legible signature of each person performing a service
**Sample Generic Schedule for Habilitative Services**

**Service Code:** Community Living Level 4 T2018U7

**Name:** Jane Marie Doe  
**Level of Service Score:** 4.2  
**Provider:** Cristina Jacobsen

| Plan Start Date: | 03/01/2019 | Total units approved for the Plan Year: | 365 | Location: 1650 Hwy 160 Suite B |

**Staff Instructions:** Jane Marie has mixed needs. Once perceived that the device is broken or not working properly, she will take a nap and then

- Location of services
- Date the service was provided
- Time/duration of service
- Initial or signature of person performing the service

<table>
<thead>
<tr>
<th>Date</th>
<th>Service Time in and out</th>
<th>Time/Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/01/19</td>
<td>In 0900 Out 1800</td>
<td>9:00 AM - 6:00 PM</td>
</tr>
<tr>
<td>03/02/19</td>
<td>In 0900 Out 1845</td>
<td>9:00 AM - 6:45 PM</td>
</tr>
<tr>
<td>03/03/19</td>
<td>In 0900 Out 0900</td>
<td>9:00 AM - 9:00 AM</td>
</tr>
<tr>
<td>03/04/19</td>
<td>In 0900 Out 0900</td>
<td>9:00 AM - 9:00 AM</td>
</tr>
<tr>
<td>03/05/19</td>
<td>In 0900 Out 0900</td>
<td>9:00 AM - 9:00 AM</td>
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**Hygiene routines**
- Brushing teeth: Brushing hair: Cuticles: Fingernails
  - In 1800 Out 1815
  - In 1530 Out 1530
  - In 1800 Out 1800
  - In 1500 Out 1500

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<tr>
<td>03/01/19</td>
<td>Showering, brushing teeth, brushing hair, cutting fingernails, cutting toenails</td>
<td>9:00 AM - 11:00 AM</td>
</tr>
<tr>
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**Lessons Time**
- Group activities: TV, Games, Reading, Computer Games, Puzzle, Craft, Drawing, Dancing, Swimming
- Tablet Game 2 hours: Watching Movie 2 hours
  - In 0900 Out 0900
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  - In 0900 Out 0900
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**Recreational activities**
- Walking, exercise, lake sports, etc.  
  - Walk around neighborhood 45 minutes
  - N/A
  - N/A
  - Visit swimming at the Rec center for 1 hour
  - N/A

**Community outing**
- List common place name **Not all outings specified, Community is where services were performed**
  - Amount of time
  - Amount of time
  - Amount of time

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**Additional comments***

*Initial or signature of person performing the service*

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**Documentation Per Service Delivered**

- Location of services
- Date the service was provided
- Time/duration of service
- Initial or signature of person performing the service
Requirement 5 In Depth

- A detailed description of services provided
- Detailed description MUST include
  1. A list of tasks/activities specific to participant
  2. Support of recommendations/assessments completed by licensed professionals
  3. Participant’s desires and goals
  4. Specific objectives for participant

Specific Objectives

- Objectives that pertain specifically to the individual and the type of service being delivered
- Specific objectives listed in left hand column
- Compliance/participation easily measurable
### Alteration or Correction of Error

- Documentation should not be altered in any way after billing has been submitted.
- Electronic records shall not be altered or deleted prior to submission of payment unless incorrect.
- Prior to billing, if an error is made, put one line through the mistake and initial the line and re-write the correction.
Separation of Documentation

- Each participant MUST have documentation completed on their own separate form or schedule.
- Documentation for different services MUST be completed on separate forms.
- Documentation for different services must also be separated by:
  1. Time in/out
  2. The service by name
  3. Services provided
  4. Signature of staff providing services
  5. Printed name of staff providing the service

Billing and Documentation

- Billing can only occur for one service at a time, unless allowed for by the service definition as well as identified in the participants individualized plan of care.
- Providers that employ staff shall not have a staff member who bills for more than one direct service for different participants at the same time.
- Providers shall not round up total service time to the next unit.
Services, Service Definitions and Documentation

- Providers MUST ensure that the services provided meet the service definition outlined in the Comprehensive and Supports Waiver Service Index.
- Providers must ensure that the services are provided as outlined in the individualized plan of care for each participant.
- For direct services, the participant MUST be in attendance during the service in order for the provider to bill.

Provider Documentation Responsibility and Expectation

- Providers are expected to complete all required documentation, including the required signatures, before or at the time of submitting a billing claim.
- If anyone other than the employee who performed the service completed electronic documentation for the purpose of claims submission, the provider of the service MUST maintain all written and electronic documentation separately.
- Providers are expected to make participant’s electronic case file readily available to the case manager in the electronic record in order to comply with documentation and service unit utilization review required.
- Providers are expected to maintain legible documentation that is easily retrieved upon request.
Provider Documentation Continued

- Providers are expected to make service documentation available to the case manager by the 10th business day of each month following the date the services were rendered. If no services were rendered documentation must be provided to the case manager stating as such.

- Providers are expected to make unit billing information available to the case manager by the 10th business day of the month after unit billing has been submitted for payment.