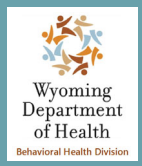


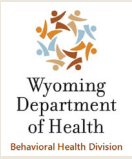
DOCUMENTATION STANDARDS

WYOMING DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH DIVISION
DEVELOPMENTAL DISABILITIES SECTION

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 T2016U7

Name: __Jane Marie Doe_ **Level of Service Score:** ___4.2_ **Provider:** Cristina Jacobson

Plan Start Date:____03/01/2019___ **Total units approved for the Plan Year:** __365__ **Location:** 1565 Hwy 150 Suite B

Staff Instructions: *Jane Marie obsesses over electronic devices. Once perceived that the electronic device is broken or not working properly she will take it apart and break it. Please do not leave Jane Marie unsupervised with tools as she will try to "fix" things. Jane Marie has a hard time with loud noises. She will become agitated around sirens, thunder, and loud bangs such as those from Fireworks or gun shots. Jane Marie has diabetes so encouraging her to make healthy food choices is ideal. Jane Marie has some issues with anger and has a behavior support plan to help. Jane Marie loves to play games on her tablet or watch movies. She enjoys going to the pool to swim. score items: (+) achieved (-)did not complete successfully according to objective (hh) hand over hand (D)demonstrate (R)refused (mp) motion prompt ….etc.*
*Items in **Red** are specific to the Participant. This schedule reflects various ways to track info specific to a person: mealtime info, objective progress, activities, etc.*

Date Month/day/year	__03/01 /19___	__03 /02 /19_	_03/_03 /_19	_03 /04 /19	_03 /05 /19
Service time in and out (use military or am/pm) **Other time in and out**	In: 0000 Out:_0900 In:_1400 Out:_2359	In:0000 Out:0845 In:1530 Out:1159	In: 0000 Out:_0900 In:_1400 Out:_2359	In: 0000 Out:_0900 In:_1400 Out:_2359	In: 0000 Out:_0900 In:_1400 Out:_2359
Hygiene routine *List items needing help:* Showering, hand washing, hair, face, deodorant, teeth, clothes, pericare	Showering Brushing teeth Brushing Hair Deodorant	Showering Brushing teeth Brushing Hair Deodorant	Showering Brushing teeth Brushing Hair Deodorant	Showering Brushing teeth Brushing Hair Deodorant	Showering Brushing teeth Brushing Hair Deodorant
Leisure Time Group activity, TV, Game, Reading, Computer, Music, Puzzle, Craft, Drawing *List activity(s) & time*	Tablet Game 2 hours Watching Movie 2 hours	Tablet Game 2 hours Watching Movie 2 hours	Tablet Game 2 hours Watching Movie 2 hours	Tablet Game 2 hours Watching Movie 2 hours	Tablet Game 2 hours Watching Movie 2 hours
Fitness/Activity walking, exercise bike, sports *List activity & amount of time*	Walk around neighborhood 30 minutes	N/A	N/A	Went swimming at the Rec center for 1 hour	N/A
Community outing List common places visited **list all outings specifically* Comment if there were concerns during trip	Amount of time: ____	Amount of time: ____	Amount of time: _1.5 hours Jane Marie went to dinner with her housemates and staff at the Applebee's on Foothill Blvd in Rock Springs, WY	Amount of time: ____	Amount of time: ____

Staff initials, printed name & signatures:
__CJ_= ___Cristina Jacobson__ _____ _____= _____ _____

EX21 – Schedule Habilitative Services – Revised 10/2018

Wyoming Department of Health
Behavioral Health Division

Documentation Per Service Delivered

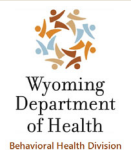
- Location of services
- Date the service was provided
- Time/duration of service
- Initial or signature of person performing the service

Wyoming Department of Health
Behavioral Health Division

Requirement 5 In Depth

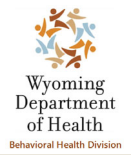
- A detailed description of services provided
- Detailed description MUST include

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



_____= _____ _____ _____= _____ _____

_____= _____ _____ _____= _____ _____

Date Month/day/year	03/01 /19	3 /02 /19	_03/_03 /_19	03 /04 /19	03 /05 /19
Objective training Staff: use methodology instructions on obj. page for scoring and training instructions	*Only mark items addressed today*	*Only mark items addressed today*	*Only mark items addressed today*	*Only mark items addressed today*	*Only mark items addressed today*
Objective: _____ Jane Marie has trouble remembering to shower and complete daily hygiene activities	Step # Score Support needed	Step # Score Support needed	Step # Score Support needed	Step # Score Support needed	Step # Score Support needed
	_1__ __+___ ___mp__	_1__ __+___ ___mp__	_1__ __+___ ___n/a__	_1__ _-___ ___R__	_1__ __+___ ___mp__
	_2__ __+___ ___n/a_	_2__ __+___ ___n/a_	_2__ __+___ ___n/a_	_2__ __+___ ___n/a_	_2__ __-___ ___R_
List steps here	_3__ __-___ __hh__	_3__ __-___ __hh__	_3__ __-___ _R__	_3__ __+___ __hh__	_3__ __-___ __hh__
1)Showering 2)Brushing Hair 3)Brushing Teeth 4)Putting On Deodorant	_4__ __-___ ___D____	_4__ __+___ ___mp___	_4__ __+___ __mp____	_4__ __-___ ___hh___	_4__ __-___ __R___
	___ _____ _____	___ _____ _____	___ _____ _____	___ _____ _____	___ _____ _____
	___ _____ _____	___ _____ _____	___ _____ _____	___ _____ _____	___ _____ _____
	___ _____ _____	___ _____ _____	___ _____ _____	___ _____ _____	___ _____ _____
	(# of + tasks/ # tasks attempted)	(# of + tasks/ # tasks attempted)	(# of + tasks/ # tasks attempted)	(# of + tasks/ # tasks attempted)	(# of + tasks/ # tasks attempted)

Staff initials, printed name & signatures:
__CJ___= _____Cristina Jacobson_____ _____= _____ _____

_____= _____ _____ _____= _____ _____

_____= _____ _____ _____= _____ _____

Balance of units at the end of last month: ____ Total units used this month: _____ Remaining units: _____ Monthly Objective Progress %: _____

Comments (Sign and date all comments): _____

_____

_____

**Attach communication forms to log any issues, concerns, ideas, or restrictions that other staff and the Case Manager need to know. Be sure to sign and date all comments.

Wyoming Department of Health
Behavioral Health Division

Alteration or Correction of Error

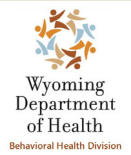
- Documentation should not be altered in any way after billing has been submitted.
- Electronic records shall not be altered or deleted prior to submission of payment unless incorrect.
- Prior to billing, if an error is made, put one line through the mistake and initial the line and re-write the correction.

Wyoming Department of Health
Behavioral Health Division

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

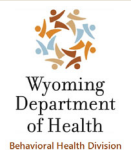


Billing and Documentation

- 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.

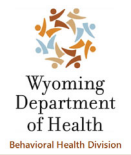
Services, Service Definitions and Documentation

- 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.

Wyoming Department of Health
Behavioral Health Division