



Documentation Standards

Below is a summary of the current documentation standards required for all providers. Additional information on these requirements can be found in Chapter 45, Section 8, of the Department of Health's Medicaid Rules. Please review these standards and distribute among all staff who are responsible for documentation. Providers are required to develop a system for reviewing the documentation, prior to billing, to assure it meets these standards. **Documentation that does not conform to these standards may be forwarded to Program Integrity for recovery of funds.**

Documentation Requirements

The following information must be included on each page of documentation:

- 1) Full, legal name of participant.
- 2) IPC start date.
- 3) Name of service provided (service name, billing code).
- 4) Legible signature of staff person providing the service
 - If using initials, the initials and signature must be included on each page to identify to whom the initials belong.

The following information must be included each time a service is documented:

- 1) Location of services.
- 2) Date of service, including year, month, and day.
- 3) Time services begin and end, consistently using either AM and PM or military time.
 - Time services begin and end shall be documented for each calendar day, even if services span more than one calendar day.
- 4) Detailed description of services provided.
 - These descriptions may be included on a schedule, task analysis, therapy notes, or case manager monthly form.
- 5) Initial or signature of person performing the service

Additional Standards

- 1) Document each service on a separate form or schedule.
- 2) Document for each participant on a separate form or schedule.
- 3) Bill for only one service during a specific period of time, unless allowed by the service definition and specifically identified in the participant's individualized plan of care (i.e., crisis intervention).
 - If service is billed at a daily or monthly rate, other services may be billed on the same day as the service, but documentation of services must include a beginning and ending time.
- 4) Provide direct services to participants. Exceptions to this requirement are homemaker, environmental modification, specialized equipment, and supported employment follow along services.

- 5) Do not round up total service time to the next unit. The exception to this requirement is skilled nursing services.
- 6) Assure that the documentation of services is legible and permanent. The use of pencils, whiteout, and erasable pens is prohibited.
- 7) Assure that services being provided meet the definition of the service and are provided pursuant to the participant's individualized plan of care. Service definitions and limitations can be found in the Comprehensive and Supports Waiver Service Index, located at: <https://health.wyo.gov/healthcarefin/dd/servicesandrates/>
- 8) Submit service documentation to the case manager by the 10th business day of the following month.
- 9) Submit unit billing information to the case manager by the 10th business day of the month after billing has been submitted for payment.
- 10) Complete all required documentation, including signatures, before or at the time the claim is submitted for payment. Documentation prepared or completed after the submission of the claim will be deemed insufficient to substantiate the claim, which will result in recovery of funds.

I, _____, have read and understand the Documentation Standards. I shall ensure all standards and requirements are met for the documentation used to substantiate services billed. I understand that, if documentation does not meet the standards and requirements listed above, funds that were paid for these services may be recovered by Medicaid Program Integrity.

Signature of Provider (or Designee) _____ Date _____

Provider Agency _____