



PROVIDER BULLETIN

BT200305

JANUARY 15, 2003

To: All Home and Community Based Services Waiver Providers

Subject: Changes to the Home and Community-Based Services Waiver Review Process

Overview

This bulletin informs all Home and Community Based Services (HCBS) waiver providers of upcoming changes to the HCBS waiver review process.

EDS is the contracted fiscal agent for the Indiana Family and Social Services Administration to reimburse services according to the Indiana Health Coverage Programs (IHCP) criteria as outlined in the Indiana Administrative Code *405 IAC 1-5-1*. As part of the requirement for the HCBS waivers, the Office of Medicaid Policy and Planning (OMPP) established a review process.

The purpose of the review process is to educate and help HCBS waiver providers achieve IHCP compliance in documentation and billing, as well as help ensure the health and safety of IHCP members.

The Division of Disability, Aging and Rehabilitative Services (DDARS) and the OMPP have determined that effective **March 1, 2003**, claims identified as inappropriately billed to or reimbursed by the IHCP that are discovered in the HCBS waiver reviews shall be subject to recoupment.

Exceptions

Documentation exceptions subject to recoupment could include the following:

- Lack of documentation to support services billed
- Units billed in excess of those authorized by the plan of care
- Services not authorized on the plan of care
- Services billed when a member was on a leave of absence
- Services billed that are not consistent with the service definition.

The following publications are the authority for exceptions:

- *405 IAC 1-1-4*, Denial of claim payment
- *405 IAC 1-1-5*, Overpayments made to providers – recovery
- *405 IAC 1-1-6*, Sanctions against providers

- 405 IAC 1-5-1, Medical records – contents and retention
- 405 IAC 5-1, General provisions
- 405 IAC 5-2, Definitions
- 405 IAC 5-4, Provider enrollment
- IC 12-15-13-3, Appeal procedures
- 406 IAC 6, Final rule – supported living services and supports
- IHCP Provider Manual
- IHCP Provider Agreement

Recovered Interest

Pursuant to 405 IAC 1-1-5(e), the OMPP will recover interest on any overpayment identified in the review. Interest is determined from the date of the overpayment is assessed even if the provider repays the overpayment to the IHCP within 60 days following receipt of the notice of overpayment. The interest charge will not exceed the percentage set out in IC-12-15-13-3(f).

Appeal Process

Under the provisions of IC 12-15-13-3, providers have the right to appeal the findings of the review. The appeal is conducted pursuant to 405 IAC 1-1.5. Providers must file an appeal request within 60 days of receipt of the letter detailing the findings of the review. If a provider has documentation that validates the original claim as submitted, that documentation must be submitted for consideration with the statement of appeal.

BDDS and DD Waiver Service Documentation Standards Effective January 1, 2003

| Service | Documentation Required | 460 IAC 6 Requirements |
|-------------------------------|---|--|
| Adult Day Care Services | <p>Services outlined in individualized support plan</p> <p>Evidence that level of service provided is required by the individual</p> <p>Attendance record documenting the date of service and the number of units of service delivered that day</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Adult Foster Care | <p>Services outlined in individualized support plan</p> <p>Providers:</p> <p>Written policies and procedures, including screening and accepting foster parents</p> <p>Maintain financial and service records to document services provided for the individual</p> <p>Document provision of training to foster parents according to agency policies or procedures</p> <p>Reimbursement of foster parent</p> <p>Families:</p> <p>One entry per week detailing an issue concerning the client. Entry should detail any goal-oriented activities and tying those into measurable progress toward the individual's goal. In addition, the following can be included as significant issues concerning the individual:</p> <p>Health and safety management</p> <p>Developmental challenges and experiences aimed at increasing a person's ability to live a lifestyle that is compatible with the person's interest and abilities</p> <p>Modification or improvement of functional skills</p> <p>Guidance and direction for social or emotional support</p> <p>Facilitation of both the physical and social integration of a person into typical family routines and rhythms</p> | |
| Behavior Management – Level 1 | <p>Services outlined in the individual support plan</p> <p>Behavioral support plan</p> <p>Data record of level 1 clinician service documenting the date of service and the number of units of service delivered that day and service type (diagnosis, behavior plan review, staff training, client intervention, consultation with level 2 clinician)</p> <p>Documentation in compliance with 460 IAC 6</p> | <p>A provider of behavioral support services shall maintain documentation regarding the development of a behavioral support plan that:</p> <p>The least intrusive methods was attempted and exhausted first</p> <p>If a highly restrictive procedure is deemed necessary and included in a behavioral support plan and the actions required by the plan have been taken</p> <p>A provider of behavioral support services shall maintain documentation required by the rule</p> |

| Service | Documentation Required | 460 IAC 6 Requirements |
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| Behavior Management – Level 2 | <p>Services outlined in the individual support plan</p> <p>Behavioral support plan signed by level 1 clinician</p> <p>Data record of behavior specialist service documenting the date of service and the number of units of service delivered that day and service type (behavior plan writing and editing, staff training, client intervention, consultation with HSPP) monthly report by QMRP or behavioral specialist of behavioral progress</p> <p>Documentation in compliance with 460 IAC 6</p> | <p>A provider of behavioral support services shall maintain documentation regarding the development of a behavioral support plan that:</p> <p>The least intrusive method was attempted and exhausted first</p> <p>If a highly restrictive procedure is deemed to be necessary and included in a behavioral support plan and the actions required by the rule have been taken</p> <p>A provider of behavioral support services shall maintain documentation as required by the rule</p> |
| Children’s Foster Care (BDDS Service only) | <p>Services outlined in individual support plan</p> <p>Providers:</p> <p>Written policies and procedures including screening and accepting foster parents</p> <p>Maintain financial and service records to document services provided to the individual</p> <p>Document provision of training to foster parents according to agency policies or procedures</p> <p>Reimbursement of foster parent</p> <p>Families:</p> <p>One entry per week detailing an issue concerning the client. Entry should detail any goal-oriented activities and tying those into measurable progress toward the individual’s goal. Should also include any significant issues concerning the individual, including:</p> <p>Health and safety management</p> <p>Developmental challenges and experiences aimed at increasing a person’s ability to live a lifestyle that is compatible with the person’s interest and abilities</p> <p>Modification or improvement of functional skills</p> <p>Guidance and direction for social or emotional support</p> <p>Facilitation of both the physical and social integration of a person into typical family routines and rhythms</p> | |
| Community Based Sheltered Employment | <p>Not-for-profit status</p> <p>BDDS approved provider</p> <p>Services outlined in individual support plan</p> <p>Attendance record documenting the date of service and the number of units of service delivered that day</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Community Education and Therapeutic Activity (CETA) | <p>Services outlined in the Individual support plan.</p> <p>Documentation in compliance with 460 IAC 6</p> <p>Receipt of payment for activity</p> <p>Proof of participation in activity if payment is made directly to</p> | |

| Service | Documentation Required | 460 IAC 6 Requirements |
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| | individual or family. Documentation in compliance with 460 IAC 6. | |
| Community Habilitation and Participation (CHP) | Services outlined in Individual support plan BDDS approved provider. Not-for-profit status for BDDS state contract. Data record of staff to client service documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day (attendance log) Record of where service took place and number participating in service or activity At least one entry each day service is provided, detailing an issue or circumstance concerning the client and at least the last name and first initial of the staff person making the entry. Entry done by staff person providing the direct service or person responsible for the individual's plan, detailing the service(s) provided Documentation in compliance with 460 IAC 6 | |
| Crisis Intervention Services | Documentation that services are individually tailored, based on the needs of the individual in crisis Data record of staff to client service documenting the date of service and the number of units of service delivered that day Each staff member provides at least one entry on each day service, describing an issue concerning the client. Includes time and date of entry and at least the last name and first initial of the staff person making the entry. Entry done by staff person providing the direct service. Also documenting any significant issues involving the client. At least weekly documentation regarding client progress, including any treatment related to interaction with psychiatrists, physicians, and other providers. Documentation in compliance with 460 IAC 6 | |
| Driver Services | Identified in individual support plan Vehicle maintenance and liability insurance records for agency owned or operated vehicles For staff driving private vehicles, proof of insurance Good driving record and valid Indiana driver's license for staff At least one entry per round trip, to include client name and destination or activity Documentation in compliance with 460 IAC 6 | |
| Environmental Modifications- Assessments | Identified need in individual support plan Identified direct medical benefit for the individual Documentation of time spent providing assessment and report with recommendations from assessment Documentation in compliance with 460 IAC 6 | |
| Environmental Modifications | Identified need in Individual Support Plan Identified direct medical benefit for the individual At least 3 bids for the service, or documentation why 3 bids were not available Documentation of completed and approved work. | A provider of environmental modification supports shall maintain the following documentation regarding support provided to an individual: The installation date of any |

| Service | Documentation Required | 460 IAC 6 Requirements |
|-------------------------------------|---|--|
| | Documentation in compliance with 460 IAC 6 | adaptive aid or device, assistive technology, or other equipment. The maintenance date of any adaptive aid or device, assistive technology, or other equipment. A change made to any adaptive aid or device, assistive technology, or other equipment, including any: <ul style="list-style-type: none"> – Alteration; – Correction; or – Replacement |
| Facility-Based Sheltered Employment | Not-for-profit status BDDS approved provider Sheltered workshop certification Services outlined in individual support plan Documentation in compliance with 460 IAC 6 Attendance record documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day Documentation in compliance with 460 IAC 6 | |
| Family and Caregiver Training | Services outlined in the individual support plan Receipt of payment for activity Proof of participation in activity if payment is made directly to individual/family. Documentation in compliance with 460 IAC 6 | |
| Health Care Coordination | Current RN or LPN license for each nurse Need for HCC identified in Individual Support Plan Documentation must include <ul style="list-style-type: none"> – Evidence of a consultation with including complete date and signature. Consultation may be with other staff, client, other professionals, as well as health care professionals. – Evidence of a face-to-face visit with the member, including complete date and signature Documentation in compliance with 460 IAC 6 | |
| Independence Assistance Services | Services outlined in Individual Support Plan BDDS approved provider Data record of staff to client service documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day. Each staff member who spends more than 30 consecutive minutes that day with the individual or providing indirect services on behalf of the individual makes at least one entry for each unique encounter (if a staff member provides 8 hours of services, one entry needs to be made. If a staff member provides one hour of service in the morning and one hour in the evening, a unique entry would need to be made for each of those visits), describing an issue or circumstance concerning the client. Includes complete time and date of entry and at least the last name, first initial of the staff person making the entry. If the | |

| Service | Documentation Required | 460 IAC 6 Requirements |
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| | <p>person providing the service is required to be a professional, the title of the individual must also be included. For example, if a nurse is required, the nurse's title should be documented. Any significant issues involving the client requiring intervention by a Health Care Professional, TCM or BDDS staff member that involved the client are also to be documented.</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Music Therapy | <p>Documentation of appropriate assessment by a qualified therapist</p> <p>Services outlined in individual support plan</p> <p>Documentation in compliance with 460 IAC 6</p> <p>Appropriate credentials for service provider</p> <p>Attendance record, therapist logs and/or chart detailing service provided</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Nutritional Counseling | <p>Documentation by appropriate assessment by a qualified provider</p> <p>Services outlined in individual support plan</p> <p>Not-for-profit status</p> <p>Appropriate credentials for service provider</p> <p>Attendance record, therapist logs and/or chart detailing service provided</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Occupational Therapy | <p>Documentation by appropriate assessment by a qualified therapist</p> <p>Services outlined in individual support plan</p> <p>Not-for-profit status to contract with BDDS</p> <p>Appropriate credentials for service provider</p> <p>Attendance record, therapist logs and/or chart detailing service provided</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Personal Emergency Response System (PERS) | <p>Identified in individual support plan</p> <p>Documentation of expense for installation</p> <p>Documentation of monthly rental fee</p> <p>Documentation in compliance with 460 IAC 6</p> | <p>A provider of personal emergency response system support shall maintain the following documentation regarding help provided to an individual:</p> <ul style="list-style-type: none"> - The installation date of any device - The maintenance date of any device <p>Any change made to any device, including an alteration, correction, or replacement</p> |
| Physical Therapy | <p>Documentation by appropriate assessment</p> <p>Services outlined in individual support plan</p> <p>Not-for-profit status for contract with BDDS</p> <p>Appropriate credentials for service provider</p> <p>Attendance record, therapist logs and/or chart detailing service provided.</p> <p>Documentation in compliance with 460 IAC 6</p> | |

| Service | Documentation Required | 460 IAC 6 Requirements |
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| Prevocational Services | <p>Not-for-profit status</p> <p>BDDS approved provider</p> <p>Services outlined in individual support plan</p> <p>Attendance record documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day.</p> <p>Documentation that wages for activity are at or below 50 percent of federal minimum wage</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Psychological Therapy | <p>Documentation by appropriate assessment</p> <p>Services outlined in individual support plan</p> <p>Appropriate credentials for service provider</p> <p>Attendance record, therapist logs and/or chart detailing service provided</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Recreational Therapy | <p>Documentation by appropriate assessment</p> <p>Services outlined in individual support plan</p> <p>Appropriate credentials for service provider</p> <p>Attendance record, therapist logs and/or chart detailing service provided</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Rent and Food for Unrelated Live-in Caregiver | <p>Identified in individual support plan</p> <p>Documentation of how amount of rent and food was determined</p> <p>Receipt that funds were paid to individual</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Residential Habilitation and Support (RHS) | <p>Services outlined in individual support plan</p> <p>BDDS approved provider</p> <p>Data record of staff to client service documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day.</p> <p>Each staff member who spends more than 30 consecutive minutes that day in direct supervision or care of the client, makes at least one entry for each unique encounter (if a staff member provides 8 hours of services, one entry needs to be made. If a staff member provides one hour of service in the morning and one hour in the evening, a unique entry would need to be made for each of those visits), describing an issue or circumstance concerning the client. Includes complete time and date of entry and at least the last name, first initial of the staff person making the entry. If the person providing the service is required to be a professional, the title of the individual must also be included. For example, if a nurse is required, the nurse's title should be documented. Any significant issues involving the client requiring intervention by a Health Care Professional, TCM or BDDS staff member that involved the client are also to be documented.</p> <p>Documentation in compliance with 460 IAC 6</p> | |

| Service | Documentation Required | 460 IAC 6 Requirements |
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| Residential Living Allowance Management | <p>BDDS approved provider</p> <p>Itemized list of expenditures with receipts</p> <p>Documentation in compliance with 460 IAC 6</p> | <p>A provider of residential living allowance and management services shall maintain the following documentation:</p> <p>Documentation that an individual's residential living allowance was deposited in the individual's personal account.</p> <p>Receipts for all expenditures made from the individual's financial resources and food stamps, including receipts for rent, utilities, groceries, clothing, household goods, and other expenditures.</p> <p>If applicable, an individual's ICLB.</p> |
| Respite | <p>BDDS approved provider</p> <p>Identified in individual support plan</p> <p>Documentation must include the following elements: the reason for the respite, the location where the service was rendered, and the type of respite rendered (for example, respite HHA).</p> <p>Data record of staff to client service documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day.</p> <p>Each staff member who spends more than 30 minutes that day in direct supervision or care of the client makes at least one entry on each day service, describing an issue or circumstance concerning the client. Includes time and date of entry and at least the last name, first initial of the staff person making the entry. If the person providing the service is required to be a professional, the title of the individual must also be included. For example, if a nurse is required, the nurse's title should be documented. Any significant issues involving the client requiring intervention by a Health Care Professional, TCM or BDDS staff member that involved the client are also to be documented.</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Specialized Medical Equipment and Supplies | <p>Identified need in individual support plan</p> <p>Identified direct medical benefit for the individual</p> <p>Documented "Prior Authorization Denial" from Medicaid, if applicable</p> <p>Receipts for purchases</p> <p>Documentation in compliance with 460 IAC 6</p> | <p>A provider of specialized medical equipment and supplies supports shall maintain the following documentation regarding support provided to an individual:</p> <ul style="list-style-type: none"> • The installation date of any adaptive aid or device, assistive technology, or other equipment. • The maintenance date of any adaptive aid or device, assistive technology, or other equipment. • Any change made to any adaptive aid or device, assistive technology, or other equipment, including an alteration, correction, or replacement. |

| Service | Documentation Required | 460 IAC 6 Requirements |
|---|--|------------------------|
| Speech Therapy | <p>Documentation of an appropriate assessment</p> <p>Services outlined in individual support plan</p> <p>Not-for-profit status to contract with BDDS</p> <p>BDDS approved provider</p> <p>Appropriate credentials for service provider</p> <p>Attendance record, therapist logs and/or chart detailing service provided</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Start-up Costs | <p>Reflected in ICLB</p> <p>Itemized list of purchases, with receipts to be kept on file with the provider</p> <p>BDDS approved provider</p> <p>Documentation in compliance with 460 IAC 6.</p> | |
| Supported Employment Follow Along | <p>Referral from vocational rehabilitation</p> <p>Identified in individual support plan</p> <p>BDDS approved provider</p> <p>Not-for-profit status</p> <p>Data record of staff to client service documenting the complete date and time entry (including a.m. or p.m.) and the number of units of service delivered that day.</p> <p>At least one entry on each day service is provided, indicating participation in activity</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Targeted Case | <p>Documentation in compliance with 460 IAC 6</p> | |
| Transportation Residential Services | <p>Identified in individual support plan</p> <p>Vehicle maintenance and liability insurance records for agency owned or operated vehicles</p> <p>For staff driving private vehicles, proof of insurance (record of carrier and policy number)</p> <p>Valid Indiana driver's license for staff</p> <p>At least one entry per round trip, to include complete date, client name and destination or activity (number of miles driven for non-24 hour individuals as evidenced by odometer logs)</p> <p>Documentation in compliance with 460 IAC 6</p> | |
| Transportation Title XX/SSBG (All transportation before 12/01/01) BDDS Services Only | <p>Identified in individual support plan</p> <p>Vehicle maintenance and liability insurance records for agency owned/operated vehicles</p> <p>For staff driving private vehicles, proof of insurance (record of carrier and policy number)</p> <p>Valid Indiana driver's license for staff.</p> <p>At least one entry per round trip, to include complete date, client name and destination or activity (number of miles driven for non-24 hour individuals as evidenced by odometer logs).</p> <p>Documentation in compliance with 460 IAC 6</p> | |

Notes:

- Documentation in compliance with 460 IAC 6 refers to rules promulgated for provider and case management standards.
- Information pertaining to specific file maintenance may be found at 460 IAC 6-17
- All documentation errors must be corrected utilizing the following universally accepted method: draw a line through the entry (in ink); do not obliterate the word; enter the correct information; initial and date the change.
- Signatures are required to authenticate all documentation of services rendered. While it is recommended that a full signature be used for **each entry**, each individual entry must be signed, including at a minimum, the first initial and last name. If the first name and last initial is used a master signature file must be maintained. The file would contain a complete (first and last name) signature and the corresponding initial and last name to be used for documentation purposes. If a service requires a certain licensure level (HSPP for level 1 behavior management, for example), that individual should include his or her title/credential in the signature.
- BDDS approval refers to approval by BDDS for the provider to provide the service. Provider should be able to present approval upon request.
- Not-for-profit status is required for some services in order to obtain a state contract with BDDS.
- **The individual's targeted case manager can not provide the documentation for the above listed services (except targeted case management).**

Additional Information

Direct questions about documentation standards to the Bureau of Developmental Disabilities Services at (317) 232-7842. Direct questions about changes to the Waiver Review Process to EDS at (317) 488-5098.