



PROVIDER BULLETIN

BT 200371

DECEMBER 19, 2003

To: All Home and Community-Based Services Waiver Providers

Subject: Documentation Standards for Home and Community-Based Services Waiver Programs

Overview

This bulletin updates providers on the documentation standards for the Medical Model Indiana Health Coverage Programs (IHCP) Home and Community-Based Services (HCBS) waiver programs for Aged and Disabled (A&D), Traumatic Brain Injury (TBI), Medically Fragile Children (MFC), and Assisted Living (AL).

Table 1 – Document Standards for Medical Model HCBS Waivers

Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
X3013 X3014	T2029 (Specialized medical equipment, not otherwise specified, waiver))	Specialized medical equipment, adaptive devices, assisted technology. Not covered under basic (IHCP) plan benefit. (Initial and maintenance) <ul style="list-style-type: none"> • Identified need in plan of care/cost comparison budget (POC/CCB) • Identified direct medical benefit for the individual • Documentation of the request for IHCP prior approval • Documentation of the reason of denial of IHCP prior authorization • Receipts for purchases • Signed and approved <i>Request for Approval to Authorize Services</i> (State Form 45750) Modifier: U7 – Waiver, NU – Equipment, RP – Replacement or repair	A&D and TBI

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Table 1 – Document Standards for Medical Model HCBS Waivers

Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
Z5114 Z5116 Z5118 Z5117 Z5119 Z5645	S5101 (Day care services, adult, per half day) S5100 (Day care services, adult, per 15 minutes) End date	Adult Day Care Services <ul style="list-style-type: none"> • Services outlined in the POC/CCB • Evidence that level of service provided is required by the individual • Attendance record documenting the date of service and the number of units of service delivered that day • Completed <i>Adult Day Service Level of Service Evaluation</i> form • Case manager should give the completed <i>Adult Day Service Level of Service Evaluation</i> to the provider <p>Modifiers: U7 – Waiver, U1 – Level 1, U2 – Level 2 , U3 – Level 3</p>	A&D and TBI
Z5120	T2003 (Non-emergency transportation encounter or trip)	Adult Day Services Transportation <ul style="list-style-type: none"> • Attendance record documenting the date of service and the number of units of service delivered that day. Vehicle maintenance and liability insurance records for agency owned and operated vehicles • For staff driving private vehicles, proof of insurance (record of carrier and policy number) • Valid driver’s license for staff • At least one entry per round trip, to include complete date, client name and destination or activity, number of miles driven as evidenced by odometer logs. <p>Modifier: U7 – Waiver</p>	A&D and TBI

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Table 1 – Document Standards for Medical Model HCBS Waivers

Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
Z5195	T2004 ((Non-emergency transportation, commercial carrier, multi-pass)	<p>Transportation Services (Level 1 – Non-assisted, individual does not require mechanical assistance to transfer in and out of vehicle)</p> <ul style="list-style-type: none"> • Services outlined in the POC/CCB • Vehicle maintenance and liability insurance records for agency owned and operated vehicles • For staff driving private vehicles, proof of insurance (record of carrier and policy number) • Valid driver’s license for staff • Documentation to include complete date, client name and destination or activity, number of miles driven as evidenced by odometer logs <p>Modifier: U7 – Waiver, U1 – Level 1 (non-assigned)</p>	A&D and TBI
Z5142	T2004 (Non-emergency transportation, commercial carrier, multi-passenger)	<p>Transportation Services (Level 2 – Assisted individual requires mechanical assistance to transfer in and out of vehicle)</p> <ul style="list-style-type: none"> • Services outlined in the POC/CCB • Vehicle maintenance and liability insurance records for agency owned and operated vehicles • For staff driving private vehicles, proof of insurance (record of carrier and policy number) • Valid Indiana driver’s license for staff • Documentation to include complete date, client name and destination or activity, number of miles driven as evidenced by odometer logs <p>Modifier U7 – Waiver, U2 – Assisted</p>	TBI Only (Level 2 is not a service on the A&D waiver.)
Z5123 Z5124 Z5125	T2031 (Assisted Living, waiver, per diem)	<p>Assisted Living – Levels 1 through 3</p> <ul style="list-style-type: none"> • Services outlined in the POC/CCB • Evidence that individual requires the level of service provided • Documentation to support service rendered • Requires completed <i>Assisted Living Level of Service Evaluation</i> form • Case manager should give the completed <i>Assisted Living Level of Service Evaluation</i> form to the provider <p>Modifier U7 – Waiver, U1 – Level 1, U2 – Level 2, U3 – Level 3</p>	AL and A&D

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Table 1 – Document Standards for Medical Model HCBS Waivers

Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
Z5128 Z5129 Z5130	S5140 (Foster care, adult, per diem)	<p>Adult Foster Care – Levels 1 through 3</p> <ul style="list-style-type: none"> • Services outlined in the POC/CCB <p>Providers:</p> <ul style="list-style-type: none"> • Written policies and procedures, including screening and accepting foster parents • Maintain financial and service records to document services provided to the individual • Document provision of training to foster parents according to agency policies and procedures. • Reimbursement of foster parent • One entry per individual per week (same as families) <p>Families:</p> <p>One entry per week detailing an issue concerning the client. Entry should detail any goal-oriented activities and tie them to measurable progress toward the individual’s goal. Data record of service documenting the date and number of units of service. Entries should also include any of the following significant issues concerning the individual:</p> <ul style="list-style-type: none"> • Health and safety management • Challenges and experiences aimed at increasing a person’s ability to live a lifestyle that is compatible with the person’s interest and abilities • Modification or improvement of functional skills • Guidance and direction for social and emotional support • Facilitation of both the physical and social integration of a person into typical family routines and rhythms <p>Modifiers: U7 – Waiver, U1 – Level 1, U2 – Level 2, U3 – Level 3</p>	A&D

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Table 1 – Document Standards for Medical Model HCBS Waivers

Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
Z5604 Z5653	S5125 (Attendant care services, per 15 minutes)	<p>Attendant Care</p> <ul style="list-style-type: none"> • Identified need in the POC/CCB • Data record of services provided, including date of service and number of units delivered • Each staff member providing direct care or supervision of care to the client makes at least one entry on each day of service, describing an issue or circumstance concerning the client • Documentation should include the complete date and time, and at least the last name and 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 <p>Modifiers: U7 – Waiver, UA – Provider</p>	A&D, MFC, and TBI
Z5726	H0004 (Behavioral health counseling and therapy, per 15 minutes)	<p>Behavior Management</p> <ul style="list-style-type: none"> • Identified need in the POC/CCB • POC/CCB must have the identified level 1 clinician • Behavioral support plan • Data record of clinician service documenting the date and time of service, and the number of units of service delivered that day with service type (diagnosis, behavior plan review, staff training, client intervention, consultation with level 1 clinician) <p>Modifier: U7 – Waiver</p>	TBI
Z5191 Z5192 Z5193	T2033 (Residential care, not otherwise specified (NOS), waiver – per diem)	<p>Congregate Care, Levels 1 through 3</p> <ul style="list-style-type: none"> • Services outlined in the POC/CCB • Evidence that individual requires the level of service provided • Documentation to support service rendered <p>Modifiers: U7 – Waiver, U1 – Level 1, U2 – Level 2, U3 – Level 3</p>	A&D

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Table 1 – Document Standards for Medical Model HCBS Waivers

Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
Z5724-individual Z5725-group	T2021 (Day habilitation, waiver, per 15 minutes)	Day Habilitation Structured (Individual and/or Group) <ul style="list-style-type: none"> Identified need in the POC/CCB One entry per week detailing an issue concerning the client. Entry should detail any goal-oriented activities and tie them into measurable progress toward the individual's goal Data record of service documenting the date and number of units of service Modifiers: U7 – Waiver, HQ – Group settings	TBI
X3019-initial X3020-maintenance	S5165 (Home modifications, per service) T2039 (Vehicle modifications, waiver, per service – use for assessment)	Environmental Modifications <ul style="list-style-type: none"> Identified need in the POC/CCB Identified direct medical benefit for the individual At least three bids for the service, or documentation why three bids were not available Documentation of completed and approved work Receipts for work completed Signed and approved <i>Request for Approval To Authorize Services</i> (State Form 45750) Modifiers: U7 – Waiver, NU – New equipment, RP – Replacement and repair	MFC and TBI
Z5650	S5170 (Home delivered meals, including preparation, each meal)	Home Delivered Meals <ul style="list-style-type: none"> Identified need in the POC/CCB Date of service and units of service Modifier: U7 – Waiver	A&D
Z5603 Z5652	S5130 (Homemaker, NOS, each 15 minutes)	Homemaker <ul style="list-style-type: none"> Identified need in the POC/CCB Date of service and unit(s) of service Documentation of services delivered Modifiers: U7 – Waiver, UA – Provider	A&D and TBI

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Table 1 – Document Standards for Medical Model HCBS Waivers

Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
X3015 X3016	G0152 (Services of occupational therapist in home health setting, each 15 minutes) End date	Occupational Therapy <ul style="list-style-type: none"> • Documentation of appropriate assessment by a qualified therapist • Services outlined in the POC/CCB • Appropriate credentials for service provider • Attendance record, therapist logs and/or chart, detailing service provided Modifiers: U7 – Waiver, UA -- Provider	TBI
Z5620-monthly Z5699-installation	S5161 (Emergency response system (ERS), per month service fee) S5160 (ERS installation and testing only)	Personal Emergency Response System (PERS) <ul style="list-style-type: none"> • Identified need in the POC/CCB • Documentation of expense for installation • Documentation of monthly rental fee Modifiers: U7 – Waiver, UC – Personal care attendant	A&D and TBI
Z5194	T2025 (Waiver services NOS)	Pest Control <ul style="list-style-type: none"> • Identified need in the POC/CCB • Receipts of specific service, date of service, and cost of service completed Modifiers: U7 – Waiver, U1 – Pest control	A&D
X3017 X3018	G0151 (Services of physical therapy in home health setting, each 15 minutes) End date	Physical Therapy <ul style="list-style-type: none"> • Documentation by appropriate assessment • Services outlined in the POC/CCB • Appropriate credentials for service provider • Attendance record, therapist logs and/or chart, detailing service provided Modifiers: U7 – Waiver, UA – Provider	TBI

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Table 1 – Document Standards for Medical Model HCBS Waivers

Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
Z5605 Z5606 Z5607 Z5609 Z5610 Z5654 Z5655 Respite services are those services provided temporarily or periodically in the absence of the usual caregiver.	S5150 (Unskilled respite care, not hospice, each 15 minutes) T1005 (Respite care services, up to 15 minutes) H0045 (Respite care services, not in the home, per diem) S5150	Respite <ul style="list-style-type: none"> • Approved provider • Identified in the POC/CCB • 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 Home Health Agency (HHA) • Data record of staff to client service documenting the complete date and time and the number of units of service delivered that day • Each staff member providing direct care or supervision of care to the client makes at least one entry on each day of service describing an issue or circumstance concerning the client • Documentation should include date and time, and at least the last name and 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, or case manager that involved the client also need to be documented <p>Modifiers: U7 – Waiver, UA – Provider, HB – Homemaker, UC – Personal care attendant, U9 – Home health aide, TD – Registered Nurse, TE – Licensed Practical Nurse</p> <p><i>Note: When billing for Respite Nursing, procedure code Z5609, bill the rate consistent with whether a Licensed Practical Nurse (LPN) or Registered Nurse (RN) provided the service and not necessarily the rate on the POC/CCB. Your personnel staffing is governed by the nurse practice act, which ensures that those private businesses and professions deemed to engage in activities that have potential impact upon public health, safety, and welfare are adequately regulated to protect the people of Indiana, establish minimum qualifications and levels of competency and license persons that possess the requisite skills and qualifications to provide safe and effective services to public, investigate allegations of unprofessional conduct, incompetence, fraudulent action, or unlawful activity, conduct periodic checks to ensure compliance (RNs are accountable for their actions)</i></p>	A&D, MFC, and TBI

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Table 1 – Document Standards for Medical Model HCBS Waivers

Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
X3012	H2023 (Supported employment, per 15 minutes)	Supported Employment <ul style="list-style-type: none"> • Identified need in the POC/CCB • Date of service, number of units of service, narrative entry describing activity Modifier: U7 – Waiver	TBI
Z5080-TBI Z5600- Assisted Living, A&D Z5015-MFC	T1016 (Case management)	Case Management <ul style="list-style-type: none"> • Documentation in the narrative should include the complete date the service was provided. • Narrative entry describing service • All documentation is required to be documented in the INsite computer system Modifier: U7 – Waiver	TBI, A&D, MFC, and AL
Z5143	T2022 (Case management, per month)	Health Care Coordination (HCC) <ul style="list-style-type: none"> • Current RN or LPN license for each nurse • Need for HCC identified in the POC/CCB • Documentation must include: <ul style="list-style-type: none"> – Evidence of a consultation including complete date and signature. Consultation can 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 Modifiers: U7 – Waiver, U1 – Level 1, U2 – Level 2, U3 – Level 3, U4 – Level 4	TBI
Z5186	T2038 (Community transition, waiver, per service)	Community Transition <ul style="list-style-type: none"> • Identified need in the POC/CCB • Date of service, number of units of service, narrative entry describing activity • Receipts for items purchased, deposits for rent, utilities, and so forth Modifier: U7 – Waiver	A&D

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Table 1 – Document Standards for Medical Model HCBS Waivers

Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
Z5635-initial Z5640-maintenance	S5165 (Home modifications, per service) T2039 (Vehicle modifications, waiver, per service)	Home Modification <ul style="list-style-type: none"> • Identified need in the POC/CCB • Identified direct medical benefit for the individual • At least three bids for the service, or documentation why three bids were not available • Documentation of completed and approved work • Receipts for work completed • Signed and approved <i>Request for Approval To Authorize Services</i> (State Form 45750) <p>Modifiers: U7 – Waiver, NU – New Equipment, RP – Replacement and repair</p>	A&D
X3064	97535 (Self-care or home management training, each 15 minutes)	Residential Based Habilitation <p>Residential based habilitation plan to include specific, measurable, attainable, realistic, time-bound goals</p> <ul style="list-style-type: none"> • Date of service • Number of units of service • Time with a.m. for morning or p.m. for afternoon • Narrative entry describing service, client and staff activity, and progress toward goal <p>Modifier: U7 – Waiver</p>	TBI
Z5179 TCM for Elderly and Disabled is a service that can be provided and billed for dates of service prior to the start of the A&D waiver services. It cannot be provided or billed for dates of service on or after the start of waiver services.		Targeted Case Management (TCM) for Elderly and Disabled <ul style="list-style-type: none"> • Date of service • Number of units of service • Narrative entry describing service 	A&D

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Local Codes	Crosswalked Codes Effective 01/01/04	Service and Documentation Required	Applicable Waivers
Z5189 TCM Nursing Facility level of care is a service that can be provided and billed for dates of service prior to the start of A&D waiver services. It cannot be provided or billed for dates of service on or after the start of waiver services.		TCM Nursing Facility (NF) Level of Care Administration <ul style="list-style-type: none"> • Date of service • Number of units of service • Narrative entry describing service 	A&D

Documentation requirements for individual’s personal file at site of service delivery

A provider rendering direct care services should maintain, at the individual’s residence or the primary location where the individual receives services, all documentation of all services provided to the individual including health and medical services.

At a minimum, the following information should be included in the individual’s personal file:

- The individual’s full name
- Telephone numbers for emergency services that could be required for the individual
- A document with a brief summary about the following items:
 - The individual’s diagnosis or diagnoses
 - The individual’s treatment protocols, current medications, and other health information
 - The individual’s behavioral information, if applicable
 - The individual’s identified likes and dislikes
 - The individual’s other relevant information
- The individual’s history of allergies, if applicable
- Consent by the individual or the individual’s legal representative for emergency treatment for the individual, if applicable
- A photograph of the individual, if a photograph is available and applicable
- A copy of the individual’s behavioral support plan, if applicable

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- Documentation, including but not limited to the following information, of all services rendered for the last 45 days:
 - Changes in the individual’s physical condition or mental status during the last 45 days
 - Any unusual event such as vomiting, choking, falling, disorientation or confusion, behavioral problems, or seizures occurring during the last 45 days
 - The response of each provider to the observed change or unusual event
- All documentation of medication administered for the last 45 days
- All seizure management documentation for the last 45 days
- Health-related incident management documentation for the last 45 days
- All nutritional counseling services documentation for the last 45 days
- All behavioral support services documentation for the last 45 days
- This documentation should be kept chronologically and must include the following information:
 - Name of the individual receiving the services
 - Dates of service (mm/dd/yy)
 - Description of services rendered
 - Signature and title of individual rendering the services

Note: Exception – case managers must document dates of service and description of service within the narrative in INsite. Documentation should be in chronological order, with late entries identified within the narrative. Case manager INsite entry identification by case manager number is accepted as case manager signature.

Additional Notes

All documentation errors must be corrected using the following, universally accepted, method of drawing a line through the entry (in ink). Do not obliterate the word, but enter the correct information, and 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 initial and last name is used, a master signature file must be maintained. The file must 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, for example health services provider in psychology (HSPP) for level 1 behavior management, that individual must include his or her title or credential in the signature.

The payer source must be identified on each piece of documentation for verification of billing. This clarifies which payer source the documentation supports for billing activity, for example, Medicare, IHCP, waiver or Area Agency on Aging (AAA) payer/funds. Most clients should not be receiving AAA payer/funds home health service and waiver services concurrently on a consistent basis. AAA payer/funds may be used for spend-down; however, home health service hours should be used next, followed by waiver services and finally AAA payer/funds hours to meet any needs not covered by the other programs. For clients receiving more than one service, the hours should be broken out and clearly credited to the appropriate payer source.

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All HCBS waiver providers are subject to, and must be in compliance with, the following IHCP Indiana Administrative Code (IAC) guidelines:

- 405 IAC 1-1-4 Denial of claim payment
- 405 IAC 1-1-5 Overpayments made to provider; 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
- *Indiana Health Coverage Programs Provider Manual*
- All IHCP Home and Community-Based Services waiver provider bulletins
- All Division of Disability, Aging, and Rehabilitative Services (DDARS) waiver bulletins

Additional Information

Direct questions about the documentation standards to the Bureau of Aging and In-home Services at (317) 232-7020 in the Indianapolis local area or 1-800-545-7763. Direct questions about the waiver review process to the EDS Waiver Unit at (317) 488-5370.

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