STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Service Documentation and Service Monitoring

September 2022

This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid

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Agenda

- Introduction
- Medicaid Documentation Standards
- Medical and Financial Records
- Service Plan Documentation
- Service Record Documentation
- Record Retention Requirements
- Service Monitoring

Poll the audience.

General Principles of Documentation

- If it is not documented, it has not been done
- Federal and State laws require providers to maintain the records necessary to "fully disclose the extent of services," care, and supplies furnished to beneficiaries, as well as to support claims billed
- Clear and concise service documentation is critical to providing individuals with quality care and is required for providers to receive accurate and timely payment for furnished services
- To maintain accurate service documentation, document services during the service or as soon as practical after the service

HCBS Services and Supports

HCBS Comprehensive Functional Assessment

Assesses an individual's "need" for HCBS services

Interdisciplinary Team Meeting

Develops the Individual Service Plan / Integrated Treatment Plan

Individual Service Plan/ Integrated Treatment Plan

Defines the services and supports the member will receive

Financial (Fiscal) Record

A provider of service shall maintain records as necessary to:

(1) Support the determination of the provider's reimbursement rate under the medical assistance program; and

(2) Support each item of service for which a charge is made to the medical assistance program. These records include financial records and other records as may be necessary for reporting and accountability.

A financial record does not constitute a medical record.

Medical Record "Clinical Record"

A provider of service shall maintain complete and legible medical records for each service for which a charge is made to the medical assistance program.

Required records shall include any records required to maintain the provider's license in good standing.

Medical Record "Clinical Record"

Is a tangible history that provides evidence of:

(1) The provision of each service and each activity billed to the program; and

(2) First and last name of the member receiving the service.

The medical record shall provide evidence that the service provided is:

(1) Medically necessary;

(2) Consistent with the diagnosis of the member's condition; and

- 3) Consistent with professionally recognized standards of care

Medical Record "Clinical Record"

Identification: Each page or separate electronic document of the medical record shall contain:

- the member's first and last name.
  - In the case of electronic documents, the member's first and last name must appear on each screen when viewed electronically and on each page when printed. As part of the medical record, the medical assistance identification number and the date of birth must also be identified and associated with the member's first and last name.

Medical Record "Clinical Record"

The medical record shall include the items specified below unless the listed item is not routinely received or created in connection with a particular service or activity and is not required to document the reason for performing the service or activity, the medical necessity of the service or activity, or the level of care associated with the service or activity:

1. The member's complaint, symptoms, and diagnosis.
2. The member's medical or social history.
3. Examination findings.
4. Diagnostic test reports, laboratory test results, or X-ray reports.
5. Goals or needs identified in the member's plan of care.
6. Physician orders and any prior authorizations required for Medicaid payment.
7. Medication records, pharmacy records for prescriptions, or providers' orders.

Medical Record "Clinical Record" Cont.

8. Related professional consultation reports.
9. Progress or status notes for the services or activities provided.
10. All forms required by the department as a condition of payment for the services provided.
11. Any treatment plan, care plan, service plan, individual health plan, behavioral intervention plan, or individualized education program.
12. The provider's assessment, clinical impression, diagnosis, or narrative, including the complete date thereof and the identity of the person performing the assessment, clinical impression, diagnosis, or narrative.
13. Any additional documentation necessary to demonstrate the medical necessity of the service provided or otherwise required for Medicaid payment.

Service Documentation Changes Effective September 16, 2022 - ARC 6419C

- Narrative service documentation no longer required for each service encounter and each shift for 24-hour services.
- Provider may document the services in any format so long as the documentation adequately substantiates the medical necessity and that the services were rendered
- Medicaid providers must include all records and documentation to substantiate the services provided to the member and all information necessary to allow accurate adjudication of the claim.
- Documentation requirements must meet the professional standards pertaining to the service provided.

Service Documentation Changes Effective September 16, 2022

- Medical Records must include records the support the basis for services delivered and include those items listed in 441-79.3(2)"d" the unless the listed item is not routinely received or created in connection with the particular service or activity and is not required to document the reason for performing the service or activity, its medical necessity, or the level of care associated with it
- For 24/7 service documentation for each shift of service provided

- Specific Procedure / Services provided
- Date of Service
- Time of the Service begin and end unless non-time related them the total time of the service is recorded
- Location where service was provided
- Medication Record for any medication dispensed or administered
- Mileage Logs for transportation provided as part of the service
- Narrative description of any incident or illness or unusual or atypical occurrence
- Listing of supplies dispensed as part of the service
- First and Last Name and Credentials of the person providing the service (Service log)
- Signature of the person delivering the service

Service Documentation In Any Format

- Electronic Service Records
- Electronic Visit Verification (EVV)
- Mileage Logs
- Medication Administration Records (MARS)
- Support Checklists
  - IDLS
  - ADLS
  - ROM
  - Other
- Activity Records
- Program Goal Records

Service Documentation

HCBS WAIVER SERVICE DOCUMENTATION

Day Habilitation T2020

AGENCY: _____

CONSUMER NAME: _____

MCO ID: _____ MEDICAID #: _____

MONTH/YEAR OF SERVICE DELIVERY: _____

Staff initialing below must sign and initial the member's Signature Log contained in the member's service record

DESCRIPTION OF THE INDIVIDUALIZED SERVICE / ACTION PROVIDED based on the consumer's Residential Habilitation Plan	Service staff delivering the service or action initials the date the service or action was provided. *[Note: By entering initials, staff person is attesting that the service or action was provided on that day. Initialing must occur at the same time as service delivery.]*																													
Service or action : (DAY OF MONTH)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Provided UE ROM per PT POC 10:00am																															
Service or action :																															
Provided LE ROM per PT POC 2:00 pm																															
Service or action :																															
Changed dressing on stoma																															
Service or action :																															
Service or action:																															

VERIFICATION STATEMENT

By signing and dating, I attest that the Daily Checklist has been, to the best of my knowledge, completed accurately.

Director Signature *Date*

EXCEPTIONS FOR HOSPITALIZATION, NURSING HOME PLACEMENT, ICF/DD OR OTHER LEAVES

Location	Dates

IOWA HHS

Service Documentation

Name: ____________________ **DOB:** __________ **Medicaid #:** ________________ **Service Provided:** ____________________

DATE:							
TIME (start – end):							
SHIFT:	☐ AM ☐ PM ☐ ON ☐ NA	☐ AM ☐ PM ☐ ON ☐ NA	☐ AM ☐ PM ☐ ON ☐ NA	☐ AM ☐ PM ☐ ON ☐ NA	☐ AM ☐ PM ☐ ON ☐ NA	☐ AM ☐ PM ☐ ON ☐ NA	☐ AM ☐ PM ☐ ON ☐ NA
LOCATION:							
GOAL #:	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
Skills addressed:	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Household Skills ☐ Relationships ☐ Meal prep/plan ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Household Skills ☐ Relationships ☐ Meal prep/plan ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Household Skills ☐ Relationships ☐ Meal prep/plan ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Household Skills ☐ Relationships ☐ Meal prep/plan ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Household Skills ☐ Relationships ☐ Meal prep/plan ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Household Skills ☐ Relationships ☐ Meal prep/plan ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Household Skills ☐ Relationships ☐ Meal prep/plan ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other
Intervention:	☐ reminder ☐ observation ☐ guidance ☐ instruction ☐ assistive technology ☐ prompting ☐ Independently completed	☐ reminder ☐ observation ☐ guidance ☐ instruction ☐ assistive technology ☐ prompting ☐ Independently completed	☐ reminder ☐ observation ☐ guidance ☐ instruction ☐ assistive technology ☐ prompting ☐ Independently completed	☐ reminder ☐ observation ☐ guidance ☐ instruction ☐ assistive technology ☐ prompting ☐ Independently completed	☐ reminder ☐ observation ☐ guidance ☐ instruction ☐ assistive technology ☐ prompting ☐ Independently completed	☐ reminder ☐ observation ☐ guidance ☐ instruction ☐ assistive technology ☐ prompting ☐ Independently completed	☐ reminder ☐ observation ☐ guidance ☐ instruction ☐ assistive technology ☐ prompting ☐ Independently completed
Supports:	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Community Access ☐ Household Skills ☐ Relationships ☐ Meal Prep ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Community Access ☐ Household Skills ☐ Relationships ☐ Meal Prep ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Community Access ☐ Household Skills ☐ Relationships ☐ Meal Prep ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Community Access ☐ Household Skills ☐ Relationships ☐ Meal Prep ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Community Access ☐ Household Skills ☐ Relationships ☐ Meal Prep ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Community Access ☐ Household Skills ☐ Relationships ☐ Meal Prep ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other	☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting ☐ Money Mgmt. ☐ Benefits/Mail ☐ Community Access ☐ Household Skills ☐ Relationships ☐ Meal Prep ☐ Nutrition ☐ Advocacy ☐ Communication ☐ Other

Comments:

Staff Initials: (See Signature Log)							

Service Documentation

Individual's name:
Date of Birth:
Medicaid ID #:

Staff Name and credentials:		Date of Service	
Location:	____ Home ____Community ____ Other Details: _____	Service Type:	____ Respite ____ SCL ____ HBH ____Day Hab ____ SE ____ Pre Voc ____ FCS
Time spent in Intervention:		Arrival Time:	
REVIEWED BY (Name and credentials)	_____ Name Date	Departure Time:	

Supports Provided to Client in services:

☐ Medication ☐ Transportation ☐ Drills/Safety ☐ Budgeting/Money Mgmt. ☐ Benefits/Mail ☐ Community Activities ☐ Household Skills ☐ Boundaries/Relationships ☐ Meal Prep/Nutrition ☐ Advocacy ☐ Communication Skills ☐ Other

Goal:	Intervention:	Time spent:	Response:
(List from service plan, summarized below) ☐ Budgeting ☐ Socialization ☐ Meal plan/prep/making Or they might be more specific like below:	(list from service plan) ☐ Checklist made ☐ Checklist used ☐ Assistive device used ☐ Planning completed ☐ Assistance given from staff ☐ Communication device used		☐ Actively Participated ☐ Progress Made ☐ Declined ☐ Not offered today ☐ Did not have time
☐ Prepare meal following recipe ☐ Write shopping list to budget ☐ Pay for items at the register	☐ Checklist made ☐ Assistive device used ☐ Assistance given from staff		☐ Actively Participated ☐ Progress Made ☐ Declined ☐ Not addressed today

Signature Date

Task Analysis Form

Service: _____ Code:_____

Name: _____ **Level of Service Score: _____** **Provider: _____**

Plan Date:_____ **Total units approved for the Plan Year: _____** **Location: _____**

Cooking Skills **Month/day/year:** *Only score on the items addressed on that date.*																
Staff initials																
1X a week:																
Pick a recipe																
Discuss nutritional value of recipe																
Write out ingredients needed																
Write shopping list																
Calculate money needed for items at store																
1x a week:																
Locate items needed in store																
Ask for help when needed																
Pay for items to cashier																
3x a week:																
Prepare kitchen by getting all items needed																
Review kitchen safety																
Prepare meal by following recipe																
Follow trainer instructions																
Ask for help when needed																
Practice safety in kitchen																
Clean up after cooking																
Store leftover food correctly																
Meal prepared correctly?																
Average score for day **# of successful (+) tasks / # of tasks attempted**																

Staff Instructions: *Describe for staff the important details about the participant's support needs for accomplishing this objective. Do staff demonstrate the step first, give verbal prompts, wait until assistance is asked for, allow participant to take a break, or perform certain parts for the participant? List the various environments that may promote successful training, list things to avoid or restrictions, and important phrases or ways the staff can encourage the participant to accomplish various steps. If certain tasks require additional support or specific support, be sure to list it. List instructions for measuring progress (such as a score key).*

Example key: **(+)=completed task (+vp)= completed with verbal prompt (+vp x2)=completed with 2 verbal prompts (+mp)=completed with motion prompt (-hh) needed Hand over hand guidance (-) = did not complete task**

Monthly Objective Progress %: _____

Provider/Staff Initials and Signatures: ____=_____ ____=_____ ____=_____
____=_____ ____=_____ ____=_____ ____=_____

Service Documentation – Mileage Log

Mileage Log

2222 HCBS Way	Total mileage recorded:	84.6

Date	Time	Description	Purpose	Indivduals Transporated	From	To	Odometer Start	Odometer Finish	Mileage
8/26/2022	1:30 PM	Grocery Shopping	Shopping and Banking	Jane Doe, Fanny Fae	Home	Hyvee and CCU Credit Union - Atlantic	33,489.1	33,521.4	32.3
8/26/2022	3:00 PM	Returning home	Shopping and Banking	Jane Doe, Fanny Fae	Hyvee and CCU Credit Union - Atlantic	Home	33,521.4	33,553.7	32.3
8/27/2022	8:45am	Transport to Day Program	Day Habilitation	Jane Doe, Fanny Fae	Home	Dynamite Day Hab	33,553.7	33,563.7	10.0
8/27/2022	3:00pm	Pick Up from Day Hab	Return Home	Jane Doe, Fanny Fae	Dynamite Day Hab	Home	33,563.7	33,573.7	10.0
									0.0

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Medication Administration Record (MAR)

MO/YR: Start/Stop Date | Facility Name:

Medication		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Start																																
	Stop																																
	Start																																
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	Start																																
	Stop																																

Diagnosis:

DIET (Special Instructions, e.g. Texture, Bite Size, Position, etc.)

Comments

Allergies:

Physician Name

Phone Number

A. Put initials in appropriate box when medication is given.
B. Circle initials when not given.
C. State reason for refusal / omission on back of form.
D. PRN Medications: Reason given and results must be noted on back of form.
E. Legend: *S* = School; *H* = Home visit; *W* = Work; *P* = Program.

NAME: | **Record #** | **Date of Birth:** | **Sex:**

Narrative description of any incidents or illnesses or unusual or atypical occurrences…

- The narrative description in the service note for any minor or major incidents may reference the incident and that a minor or major incident report was completed, no further narrative description on the service note would be required.
- As an example of the narrative note for a major incident report might say, "Jane tripped and fell walking up the driveway and was taken to the ER. A major incident report was completed."
- Unusual or atypical occurrences that require a narrative note are those events that are irregular or unusual for the member and include but are not limited to: atypical behavior, a major or minor incident, illness that is treated or untreated, vacationing with family, starting a new job or attending a new day program.
- An example of the narrative note for an atypical occurrence might say, "John left with his parents this morning for vacation in Colorado, John will return on October 10."

Questions

Record Requirements – Basis of Service - HCBS

The medical record for HCBS Waiver or State Plan HCBS service recipient must contain the basis for service requirements for specific services which includes:

1. Notice of decision for service authorization.
2. Provider specific service plan and the Comprehensive Person-Centered Service Plan (initial and subsequent plans).
3. Service logs, notes, or narratives.
4. Mileage and transportation logs.
5. Log of meal delivery. (as applicable)
6. Invoices or receipts.
7. Forms 470-3372, HCBS Consumer-Directed Attendant Care Agreement, and 470-4389,
8. Consumer-Directed Attendant Care (CDAC) Service Record.
9. Other service documentation as applicable. (i.e. checklists, MARs)

Note: These items will be requested when the Iowa Medicaid program integrity unit or Quality Improvement Organization requests providers to submit records for review

Maintenance of Records

a. During the time the member is receiving services from the provider.

b. For a minimum of five years from the date when a claim for the service was submitted to the medical assistance program for payment.

c. As may be required by any licensing authority or accrediting body associated with determining the provider's qualifications.

Service Documentation FAQs

Q: Why do I need to document transportation provided during service provision?

A: When the provision of the transportation is an authorized stand-alone service, or a component of the service delivered, the mileage log substantiates that the transportation identified in the member's service plan was provided.

Q: How do I document transportation provided to multiple members receiving Supported Community Living during the same trip?

A: Typically, HCBS providers that provide transportation as a component of another service maintain a log in the vehicle used to transport members, logging the date and time of the trip, the type of trip, names of the member's transported, the origination location and destination location and total miles.

When staff are using their own vehicle to transport the agency should have a policy and procedure to address how that transportation is logged.

The mileage logs are utilized to substantiate the services provided and to validate that the member is being transported during the service when transportation is a component of the service.

Service Documentation FAQs

Q: Do we need to document on a Medication Administration Record (MAR) if we do not dispense, or administer medication during service provision?

A: Documentation on a MAR is only required when the medications are dispensed or administered during service provision. A MAR is not required if medication administration is not

Q: If the client administers their meds independently and dispenses their meds independently but we observe and correct them, does that require completing a MAR?

A: 441-77.37(5) requires if the provider stores, handles, prescribes, dispenses, or administers prescription or over-the-counter medications, the provider shall develop procedures for the storage, handling, prescribing, dispensing or administration of medication. If the provider does not store, handle, prescribes, dispense, or administer prescription or over-the-counter medications as a component of the service being delivered then a MAR is not required.

Service Documentation FAQs

Q: Is narrative documentation required? What if nothing unusual or atypical occurs during the provision of services was does the narrative look like?

A: Narrative documentation is only required for any incidents or illnesses or unusual or atypical occurrences. If there are no incidents, illnesses, unusual or atypical occurrences during the provision of services, narrative documentation would not be required unless narrative documentation is part of the professional standards pertaining to the service provided.

Q: Can I use abbreviations, shorthand, or acronyms in daily service narrative documentation?

A: Providers are encouraged to avoid the use of abbreviations , shorthand or acronyms in service documentation unless an abbreviations and acronyms list is provided in the medical record.

Service Documentation FAQs

Q: How do I make corrections to documentation if an error is discovered during a quality assurance review?

A: 79.3(2) Medical (clinical) records. e. Corrections.

A provider may correct the medical record before submitting a claim for reimbursement

1) Corrections must be made or authorized by the person who provided the service or by a person who has first-hand knowledge of the service.
2) A correction to a medical record must not be written over or otherwise obliterate the original entry. A single line may be drawn through erroneous information, keeping the original entry legible. In the case of electronic records, the original information must be retained and retrievable.
3) Any correction must indicate the person making the change and any other person authorizing the change, must be dated and signed by the person making the change, and must be clearly connected with the original entry in the record.
4) If a correction made **after a claim** has been submitted affects the accuracy or validity of the claim, an amended claim must be submitted.

Service Documentation FAQs

Q: What date do I use if the date of documentation is different than the date of service provision? E.g., forgot to document in the narrative that an CIR occurred and need to add a week later?

A: Any correction must indicate the person making the change and any other person authorizing the change, must be dated and signed by the person making the change, and must be clearly connected with the original entry in the record.

The date that the new entry is added into the service record is the date that is recorded with the person's signature for the information added.

Example: If you are making an addition to service documentation for September 1, 2022, on October 2, 2022, you would make the entry sign and date it October 1, 2022.

Service Documentation FAQs

Q: Can I create missing documentation or change documentation to prepare for an audit?

A: Corrections to the record may only occur in accordance with 441-79.3(2) "e" as described on Slide 27. Corrections to the medical record should not be a normal practice—these should be the exception and not the rule.

The creation of missing documentation to prepare for an audit would not be acceptable and may be viewed as Medicaid fraud.

Iowa Medicaid expects the documentation to occur at the time the service is delivered or shortly thereafter. Providers should comply with this requirement and complete documentation in a timely manner. Understand that anything beyond 48 hours could be considered unreasonable. It's unreasonable to expect a provider to recall the specifics of a service two weeks after the service was rendered. Nor should an entry be made in advance.

Service Monitoring - HCBS

Monitor means: To observe and check the progress or quality of something over a period of time; keep under systematic review

The service plan is the framework for Case Management (IHH ICM, CM, TCM and CBCM)

Monitoring builds upon the framework's structure.

Case managers are basically on the frontline in the HCBS regulatory process. They interact with the members and service providers more than any other agency.

Service Monitoring - HCBS

The case manager, community-based case manager or Integrated Health Home (IHH) shall perform monitoring activities and make contacts that are necessary to ensure the health, safety, and welfare of the member and to ensure that the person-centered service plan is effectively implemented and adequately addresses the needs of the member. (441-IAC 90.4(1) "d")

Minimum monitoring requirements include:

a) Assessing the member, and
b) Assessing the places of service (including the member's home, when applicable), and
c) Assessing all services regardless of the service funding stream.
d) Reviewing service provider documentation

Service Monitoring - HCBS

For monitoring of services outside of HCBS - such as State Plan services or services provided by other funding sources such as Iowa Vocational Rehabilitation (IVRS) or In Home Health Related Care (IHHC) the Case Manager or Integrated Health Home

- Discusses these services with the member/ guardian/family to determine whether the services are being received in the amount expected and whether the member is benefiting from the receipt of the services.
- Communicates with the service provider to determine if the service is having the intended impact and if any changes are needed.
- Make a service entry noting the responses and any concerns or gaps in services in the member's record and work with the member/representatives and provider to remediate the issues.

Service Plan Monitoring - HCBS

For monitoring of service plan implementation, the Case Manger or Integrated Health Home

- Reviews the provision of services to ensure the member is receiving the services in the amount, duration and scope identified in the comprehensive person-centered service plan.
- Reviews the member's service record maintained by the HCBS service provider(s) including but not limited to:
  - Service plan
  - Service logs, notes, or narratives.
  - Mileage and transportation logs.
  - Financial Records, Invoices or receipts.
  - Medications and the Medication Administration Record (MAR)
  - Incident Reports
  - Other service documentation as applicable
- Identifies any gaps in care and identifies additional services or supports that may be needed.
- Identifies any environmental issues and plan to remediate the issues
- Identifies any health and welfare issues and plan to remediate the issues

Service Plan Monitoring - FAQs

Q: What is the expectation for how far back the review of service documentation should cover?

A: When completing the service documentation review as part of service monitoring activities, the case manager is expected to review at a minimum the member's service record and any entries that occurred in the record for the past 30 days prior to monitoring visit. This may vary depending on the frequency of service delivery.

Service Plan Monitoring - FAQs

Q: What is the expectation for monitoring services that do not include direct care such as home delivered meals, personal emergency response services (PERS) or chore services?

A: The Case Manager

- Discusses these services with the member/ guardian/family to determine whether the services are being received in the amount expected and whether the member is benefiting from the receipt of the services.
- Communicates with the service provider to determine if the service is having the intended impact and if any changes are needed.
- Makes a service entry noting the responses and any concerns or gaps in services in the member's record and work with the member/representatives and provider to remediate the issues services.

Service Plan Monitoring - FAQs

Q: What is the expectation or course of action if the CM thinks services are not being delivered appropriately?

A: If during service plan implementation monitoring the CM, CBCM or IHH identifies any of the following areas of concern they will contact the service provider to determine what actions are being taken and if additional remediation is required:

1. Lack of or insufficient service documentation to support the services authorized.
2. An unmet service need or risk
3. An unreported critical incident, or pattern of incidents
4. A medication error or pattern of medication errors
5. Environmental issues such as accessibility, safety, security, cleanliness
6. Health issues such as medication management, adequate food supply(are their groceries in the home, is there spoiled food in the fridge)
7. Lack of or insufficient record of the member's finances. Expenditures for which there are no receipts and no evidence of items purchased.
8. Any other areas of concern in the member record

Service Plan Monitoring - FAQs

Q: Who should be notified if the CM, CBCM or IHH thinks services are not being delivered appropriately? Should services be ended?

When identifying concerns or issues during a service record review, the CM, CBCM or IHH will first contact the direct service provider responsible and address the issue.

The CM, CBCM or IHH should actively work with the direct service provider to put in place timely remediation required to resolve the issue or concern. This may include a variety of remediation activities including but not limited to; amending the service plan, additional services, changes in schedules and environments, staff training, etc.

If the CM, CBCM or IHH determines that the provider is unwilling or incapable of implementation of the expected remediation, they will report the quality concern to the HCBS QIO or the member's MCO for further investigation.

Service Plan Monitoring - FAQs

Q: How can or should the CM, CBCM or IHH obtain these documents to review?

A: The CM, CBCM or IHH will complete the member record review in either the member's home, place of service or the service provider's office as applicable.

The CM, CBCM or IHH may choose to complete the regular review of the member's record during their quarterly face-to-face visit with the member or at any other regularly scheduled interval.

Service Plan Monitoring - FAQs

Q: What if a service provider refuses to provide the records or access to the records in a timely manner?

A: When signing the Medicaid Provider Agreement, the provider attests that the Department and/or Iowa Medicaid, Federal employees, and/or authorized representatives shall be given access to the business or facility and all related member information and records, including claims records, and information regarding payments claimed by the Provider for furnishing services under the Provider Agreement

Providers refusing to grant access to member information and records are subject to Sanctions pursuant to rule 441—79.2(3)(249A).

1. A term of probation for participation in the medical assistance program.
2. Termination from participation in the medical assistance program.
3. Suspension from participation in the medical assistance program.
4. Suspension of payments in whole or in part.
5. Prior authorization of services.
6. Review of claims prior to payment.

Service Plan Monitoring - FAQs

Q: For IHHs overseeing HCBS CMH Waiver or State Plan HCBS Habilitation service plan implementation, can other staff in the IHH (e.g. supervisor, team lead, administrative staff, nurse, peer support) review the service provider documentation or only care coordinators?

A: Service monitoring is the responsibility of the Care Coordinator as identified in the definitions for case management in 441 IAC 90.1

> "Case management" means the categories of case management: targeted case management, case management provided to members enrolled in a 1915(c) waiver, community-based case management provided through managed care, and integrated health home (IHH) care coordination provided to the habilitation and children's mental health waiver populations
>
> *"Case manager"* means the staff person providing all categories of case management services regardless of the entity providing the service or the program in which the member is enrolled, including IHH care coordination.

Service Plan Monitoring - FAQs

Q: For individuals that are receiving services that are documented in the Electronic Visit Verification (EVV) system, if the agency is able to provide the case manager electronic access to the member's service record in the EVV system, can the staff review documentation and follow-up with providers on concerns they see in their office?

A: Yes, when records are not stored in the location where services are delivered, the case manager may view those records in the provider's office.

Q: Can the case manager schedule a time to review service documentation with the provider at their location vs. when with member?

A: Yes, the case manager may choose to schedule a separate time with the direct service provider to review the member's service record outside of the required regularly schedule contacts with the member.

Service Plan Monitoring - FAQs

Q: Many agencies that are not able to grant access off site and the case manager will need to go onsite to review and will need to schedule time with assigned provider staff which many "home" offices are not in the county the CBCM/CC serves? How should this be addressed?

A; The case manager is expected to schedule a separate time with the direct service provider to review the member's service record.

Q: If a provider chooses to end paper documentation for review, can we do this and then follow-up with the provider on concerns?

A: A provider choosing to implement electronic service documentation does not change the service monitoring requirements for the case manager. The case manager is expected to review the service record regardless of whether it is electronic or in paper form or a combination of both.

Tips for HCBS Providers

Knowing and following these tips help Medicaid providers and referring physicians meet Medicaid requirements for HCBS services and referrals, improve billing and help strengthen the integrity of the Medicaid program.

1. Check beneficiary eligibility regularly;
2. Ensure the beneficiary has the required person-centered service plan (service plan) and that it is current and complete;
3. Ensure the beneficiary has the required service specific plan of care (provider service plan) and that it is current and complete ;
4. Make sure that service documentation is complete and supports services provided;
5. Use the appropriate procedure or service code and number of units when billing;
6. Use the appropriate billing form when billing; and
7. Only submit claims for dates of service when the service documentation substantiates that services were delivered.

Questions

Resources

- Medicaid Documentation Record Resource Guide: https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-recorddoc-resourceguide.pdf
- Department of Health and Human Services: https://dhs.iowa.gov/
- Iowa Medicaid: http://dhs.iowa.gov/ime/about
- Iowa Medicaid Member Information: http://dhs.iowa.gov/ime/members
- Iowa Medicaid Provider Information: https://dhs.iowa.gov/ime/providers
- HCBS Information: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers
- DHS Office of Policy Analysis (Rules): http://dhs.iowa.gov/ime/providers/rulesandpolicies
- Iowa Administrative Code – Chapter 441 Human Services Department: https://www.legis.iowa.gov/law/administrativeRules/chapters?agency=441&pubDate=09-07-2022

Thank you for attending.