

HCBS Service Documentation and Service Monitoring

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HHS, Iowa Medicaid

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Please consider completing this pre-test while we wait. Link: <https://www.surveymonkey.com/r/servicedoc-pre>



Agenda

Introduction

Medicaid
Documentation
Standards

Medical and
Financial
Records

Service Plan
Documentation

Service Record
Documentation

Record
Retention
Requirements

Learning Objectives

- ▶ Learn documentation standards and requirements.
- ▶ Understand the need for certain records based on specific service types.
- ▶ Describe corrective actions needed to improve documentation accuracy and completeness.

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

- ▶ 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
- ▶ Provider may document the services in any format so long as the documentation adequately substantiates the medical necessity and that the services were rendered

Service Documentation

Each service encounter includes a service note that includes the elements listed here



- ▶ Specific Procedure / Services provided
 - Billing Code/ Service Title
 - Formal Goals implemented, members response
 - Behavioral Intervention Plan - incidents and interventions
 - Supports provided, members response
- ▶ Date of Service
- ▶ Time the service began, and time ended unless non-time related then 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
 - IADLS
 - ADLS
 - ROM
 - Other
- ▶ Activity Records
- ▶ Behavioral Intervention Plan data collection records
- ▶ Program Goals data collection records

Service Documentation - sample

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 | DAY OF MONTH | 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.] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | | 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 | |
| Service or action : <i>Provided UE ROM per PT POC 10:00am</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service or action : <i>Provided LE ROM per PT POC 2:00 pm</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service or action : <i>Changed dressing on stoma</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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

Service Documentation - sample

Name: _____ DOB: _____ Medicaid #: _____ Service Provided: _____

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

Comments:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Staff Initials: (See Signature Log) | | | | | | | |
|--|--|--|--|--|--|--|--|

Service Documentation - sample

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

| | | | |
|---------------------------------------|---|-----------------|--|
| Staff Name and credentials: | | Date of Service | |
| Location: | <u>Home</u> Community ___ Other Details: _____ | Service Type: | ___ Respite ___ SCL ___ HBH ___ Day <u>Hab</u> ___ SE <u>Pre Voc</u> ___ 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) <input type="checkbox"/> Budgeting <input type="checkbox"/> Socialization <input type="checkbox"/> Meal plan/prep/making Or they might be more specific like below: | (list from service plan) <input type="checkbox"/> Checklist made <input type="checkbox"/> Checklist used <input type="checkbox"/> Assistive device used <input type="checkbox"/> Planning completed <input type="checkbox"/> Assistance given from staff <input type="checkbox"/> Communication device used | | <input type="checkbox"/> Actively Participated <input type="checkbox"/> Progress Made <input type="checkbox"/> Declined <input type="checkbox"/> Not offered today <input type="checkbox"/> Did not have time |
| <input type="checkbox"/> Prepare meal following recipe <input type="checkbox"/> Write shopping list to budget <input type="checkbox"/> Pay for items at the register | <input type="checkbox"/> Checklist made <input type="checkbox"/> Assistive device used <input type="checkbox"/> Assistance given from staff | | <input type="checkbox"/> Actively Participated <input type="checkbox"/> Progress Made <input type="checkbox"/> Declined <input type="checkbox"/> Not addressed today |

Signature

Date

Service Documentation – Mileage Log - sample

Mileage Log



2222 HCBS Way
Total mileage recorded:
84.6

| Date | Time | Description | Purpose | Individuals Transported | 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 |

Service Documentation – MAR - sample

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis: | DIET (Special Instructions, e.g. Texture, Bite Size, Position, etc.) | | | | | | | | | | | | | | | Comments | | | | | | | | | | | | | | | | | |
| Allergies: | Physician Name | | | | | | | | | | | | | | | 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. | | | | | | | | | | | | | | | | | |
| | Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.”

Record Requirements – Basis of Service - HCBS

The **medical record** for HCBS Waiver or HCBS Habilitation member must include:

1. Notice of decision for service authorization.
2. Provider specific service plan and the 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. Attendant Care Agreement
8. Attendant Care Service Record.
9. Other service documentation as applicable including but not limited to: informed consents, checklists, MARs, behavioral intervention plans, major and minor incident reports)

Note: These items will be requested when the Iowa Medicaid Program Integrity unit or Quality Improvement Organization request records for review

Maintenance of Records



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



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



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: 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. (i.e. member specific service log or service note)
- The mileage logs
 - substantiate the services provided and
 - to validate that the member is being transported during the service when transportation is a component of the service. (i.e. SCL)

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 required when the medications are dispensed or administered during service provision. A MAR is not required if medication administration does not occur during the service.

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: When a provider does not store, handle, prescribe, dispense, or administer prescription or over-the-counter medications as a component of the service being delivered 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 what 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: A provider may correct the medical record **before** submitting a claim for reimbursement.

Corrections to the service record must:

- be made or authorized by the person who provided the service or by a person who has first-hand knowledge of the service, and
- not be written over or otherwise wipe out 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.
 - i.e. Mark arrived home from his date at ~~8:00pm~~ 9:00pm
- 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.
 - i.e. Mark arrived home from his date at ~~8:00pm~~ 9:00pm (LMM DSP 03/02/26)
- 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, and
 - be dated and signed by the person making the change, and
 - 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 March 1, 2026, on March 3, 2026, you would enter March 1, 2026, as the date of service, make the entry, then sign and date the entry March 3, 2026.

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.
- Documentation should occur at the time the service is delivered or shortly thereafter.
- Documentation occurring 48 or more hours after service provision 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.

Questions

Service Monitoring - HCBS



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



The person-centered service plan is the framework for Case Management (CM, TCM and CBCM)



Monitoring builds upon the framework's structure.



Case managers are on the frontline in the HCBS regulatory process.

They interact with the members and service providers more than any other agency.

Service Monitoring - HCBS

Service monitoring is crucial to ensure that individuals receive appropriate services

Case Management Monitoring means:

- ▶ Monitoring the degree to which the services and supports provided correspond with the person-centered service plan and meeting each member's needs and achieving their goals.
 - Services are being furnished in accordance with the member's PCSP
 - Services in the PCSP are adequate to meet the member's needs and achieve their goals.
 - When there are changes in the needs or status of the member adjustments in the PSCP and service arrangements with providers occurs.

Service Monitoring Includes

- ❖ Assessing the member in-person face to face
- ❖ Assessing the place(s) where services are provided (home, day program, work)
- ❖ Assessing all services received, Medicaid and Non-Medicaid services, regardless of the service funding stream
 - ❖ Communicating with the authorized providers
- ❖ Reviewing service provider-specific service plans
- ❖ Reviewing service documentation

Service Monitoring Non-Waiver or Non-Medicaid Services

For monitoring of Non-Waiver or Non-Medicaid services such as State Plan Medicaid services or services provided by other funding sources such as Iowa Vocational Rehabilitation (IVRS) or In Home Health Related Care (IHHC) 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.
- 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 - PCSP

For monitoring of PCSP implementation, the Case Manager:

- 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 monitoring the CM identifies any of the following areas of concern, they will contact the service provider to assess the issue and determine what actions if any 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, or 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 thinks services are not being delivered appropriately? Should services be ended?

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

- ▶ The CM 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 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 should the CM obtain the provider's service documents to review?

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

The CM may choose to complete the regular review of the member's record during their quarterly or bi-monthly 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: The HCBS QIO or the member's MCO must be notified. When enrolling with Iowa Medicaid the provider agrees that HHS, CMS and authorized representatives shall be given access to the business or facility and all related member information and records.

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 individuals that are receiving services that are documented in the Electronic Visit Verification (EVV) system, if the agency can 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 the medical 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 face to face contacts with the member.

Service Plan Monitoring - FAQs

Q: Many agencies that cannot 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 member’s 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.

- Check beneficiary eligibility regularly;
- Ensure the member has the required person-centered service plan (service plan) and that it is current and complete;
- Ensure the member has the required service specific plan of care (provider service plan) and that it is current and complete ;
- Make sure that service documentation is complete and supports the services provided;
- Use the appropriate procedure and modifier and number of units when billing;
- Use the appropriate billing form when billing; and
- 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://hhs.iowa.gov>

Iowa Medicaid: <https://hhs.iowa.gov/medicaid>

Iowa Medicaid Member Information: <https://hhs.iowa.gov/medicaid/member-services>

Iowa Medicaid Provider Information: <https://hhs.iowa.gov/medicaid/provider-services>

HCBS Information: <https://hhs.iowa.gov/medicaid/about-medicaid/policies-rules-regulations/hcbs-program-waivers>

