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## **F. Provider Documentation**

Medicaid requires documentation be maintained to verify that providers have the appropriate qualifications. Documentation is also required for each service that is provided. The following section outlines the different types of documentation and the requirements.

By signing the documentation the provider is certifying that the information is true and accurate.

The School-Based Health Services Program requires documentation for each occurrence of service. The documentation is required due to audit findings by the Office of Inspector General in its review of School-Based Health Services Programs in other states. This is a general documentation requirement of Medicaid that needs to be met for the school services billed under the LOC process.

### **PROVIDER CERTIFICATION**

Providers whose services are billed at the professional level must sign a Provider Certification Agreement. In addition, a copy of their valid license must be on file for all time periods billed. For a SLP this would include a copy of their CCC or equivalent documentation (see Billable Services Section). By signing a Provider Certification Agreement, providers are relinquishing their right to bill Medicaid directly for services provided in accordance with an IEP.

To complete the Provider Certification, the professional staff member enters his or her name and title then checks the professional category under which he or she qualifies. The staff member then completes either Section A or B on the back of the form based on their ability to bill Medicaid. The staff member then signs the form and gives it to the Medicaid clerk. The form remains valid as long as the staff member continues in the same position within the supervisory union or until the person has a name change. The supervisory union representative signs the form, which can be the superintendent, special education director or a designee. The Medicaid clerk maintains the signed form and the copy of the provider's license.

### **CASE MANAGEMENT ASSURANCE FORM**

The form is completed by the case manager to document the actual amount of case management provided.

#### **FORM HEADER**

- Name—enter the student's full name
- Date of Birth—enter the student's date of birth
- Diagnostic Code—enter the diagnostic code that will be billed to Medicaid
- Provider Name—enter the full name of the individual providing the service
- Name of School—enter the name of the school the child is attending
- Supervisory Union Name—enter the name of the supervisory union in which the student resides

#### **IEP SERVICES PROVIDED**

In this section enter the IEP Initiation/Amendment date for all IEP's that are in effect during the time period being billed. The IEP Hours Per Week must also be listed. If the IEP includes monthly hours instead of weekly hours, this should be indicated in the box.

### **BILLING PERIOD ASSURANCE**

Indicate the From and To date during which services were provided. These dates can not exceed the From and To dates of the billing period. The provider then records the actual amount of time that case management was provided during the time period listed. Time spent for the coordination and development of IEP or evaluation process can not be included on this form.

### **PROVIDER SIGNATURE AND DATE**

Once the form has been completed, the provider must sign and date the form. The date of the form can not be prior to the From and To date listed in the Billing Period Assurance section of the form.

### **DEVELOPMENTAL & ASSISTIVE THERAPY SERVICE DOCUMENTATION LOG**

The form is to be completed by the individual service provider to document each service that he or she is providing. If a student has more than one developmental and assistive therapy service, a form needs to be completed for each service. If the same IEP service is delivered by more than one provider, then each provider needs to complete a separate documentation log. A separate form is completed for each billing period.

### **FORM HEADER**

- Name—enter the student’s full name
- Date of Birth—enter the student’s date of birth
- Diagnostic Code—enter the diagnostic code that will be billed to Medicaid
- Provider Name—enter the full name of the individual providing the service
- Name of School—enter the name of the school the child is attending
- Supervisory Union Name—enter the name of the supervisory union in which the child resides

### **IEP SERVICE**

- IEP Activity—list the name of the service EXACTLY as it appears on the IEP. It is okay to truncate the end of the service or abbreviate words, as long as the IEP service being documented is clear.
- Individual or Group—list the actual group size that is being provided
- Minutes Per Session—list the amount of time the service is provided during each session
- Sessions Per Week—list the number of times per week the service is provided
- Hours Per Week—list the amount of time the service is provided during the week

### **SERVICE DATES**

In the calendar an X can be marked to indicate the service provided equals the amount of time and group size listed in the Minutes Per Session and Individual or Group box. It is acceptable to mark more than one X in a box if a service is provided more than once a day. If the minutes per session or group size are different than what is listed on the Developmental and Assistive Therapy log, the actual minutes per session or group size should be indicated. Providers have the option to indicate the amount of time provided instead of utilizing an X. Each provider is allowed to document services they provide as well as those provided by substitutes who fill in on a temporary basis.

## TOTAL HOURS

At the end of the billing period, the service provider calculates the hours of billable service provided during the billing period. Total hours are broken out between one-on-one and small group. Total hours must match the documentation.

## PROVIDER SIGNATURE AND DATE

Once the form has been completed, the provider must sign and date the form. The date of the form can not be prior to the last date that a service was provided. Once the form is signed, it goes to the professional who is responsible for supervising that service. The professional needs to sign, print their name and date the form. No supervisor's signature is required for staff members who are considered professionals for Medicaid billing.

## PERSONAL CARE VERIFICATION FORM

The Personal Care Verification Form is mandatory for all students whose services are being billed as Personal Care beginning with the Aug/Sept 10 LOC period. The purpose of the form is to verify that the student's services being billed meet the Medicaid definition of Personal Care. In order for a service to be billed as personal care, the student's IEP must require one-on-one services for the entire school day. This may be listed as one service on the IEP or a combination of one-on-one services that total the student's entire school day. This form should be filed with the corresponding IEP/Amendment in the student's Medicaid file.

## FORM HEADER

The top of the Personal Care Verification Form contains background information about the student and the IEP. Completion of the following elements is required:

- Student Name—enter the student's full name.
- DOB—enter the student's date of birth.
- IEP Initiation/Amendment Date—indicate the beginning date of service from the IEP that services are being provided under. For an amended IEP, indicate the original IEP initiation date with the amendment date.
  - If an IEP is amended and the services listed on the Personal Care Verification Form do not change, a new form is not needed. However, the amendment date must be added to the form.
- Time Period(s)—Enter the dates covered by this form.
  - If the service page includes multiple sets of dates, list each set of dates in this field. Example: 5/7/10-6/18/10 and 8/26/10-5/6/11
  - Multiple verification forms are needed for one IEP when:
    - the length of the student's school day changes.
    - the service activities, frequency or duration that are included on the Personal Care Verification Form change.
    - Summer services are different than the school year services.
- Does the student have 1:1 support between classes and or locations?—if the answer is no, services are not billable as personal care.
- Does the student have 1:1 support all day, including lunch and recess?—if the answer is no, services are not billable as personal care.

## STUDENT'S SCHOOL DAY

Enter the exact number of hours/minutes that the student is in school each day. Do not round, do not average, list the actual time for each day. Total the hours at the bottom of the column.

- If the personal care aide is with the student from the time school begins to the time school ends, this is the amount of time to be listed on the form.
- If the personal care aide is with the student from the time they arrive at school to the time they depart school (or go to an extracurricular activity), this is the amount of time to be listed on the form.

### **BUS HOURS**

If the student receives personal care on the bus, the total hours per week must be listed in this section. Only the time the aide is with the student on the bus can be billed. Do not list the time the aide is on the bus without the child present. Bus hours can include other types of transportation (i.e. taxi).

### **IEP SERVICES THAT COMBINE TO BE PERSONAL CARE**

Enter the service description and total weekly hours from the IEP for each 1:1 service that combine to be personal care. Total the hours at the bottom of the column.

### **OTHER 1:1 IEP SERVICES WHEN THE PERSONAL CARE AIDE IS NOT PRESENT**

Enter the service description and total weekly hours from the IEP for each 1:1 service where the aide is not present. Example: if the aide does not attend 2hrs of speech services each week, list the speech service in this section. Total the hours at the bottom of the column.

### **TOTAL SCHOOL AND BUS HOURS**

Combine the total school and bus hours and enter on the appropriate line.

### **TOTAL IEP HOURS**

Combine the total IEP hours and enter on the appropriate line.

### **WHAT TO DO WHEN THE TOTAL SCHOOL AND BUS HOURS AND THE TOTAL IEP HOURS ARE DIFFERENT**

A note must be added to the bottom of the form to explain any difference between these two numbers.

### **PERSONAL CARE SERVICE DOCUMENTATION LOG**

The form is to be completed by the individual providing the majority of the services. When a student has multiple individuals acting as the personal care aide, only one form is completed. Multiple Personal Care Service Documentation Logs can only be completed when the student has two or more full-time aides. A separate form is completed for each billing period.

### **FORM HEADER**

- Name—enter the student's full name
- Date of Birth—enter the student's date of birth
- Diagnostic Code—enter the diagnostic code that will be billed to Medicaid
- Provider Name—enter the full name of the individual(s) providing the service
- Name of School—enter the name of the school the child is attending
- Supervisory Union Name—enter the name of the supervisory union in which the child resides

### **SERVICE DATES**

The provider records the number of hours personal care was provided each day in the calendar (including bus time). The provider is allowed to document services they provide as well as those provided by substitutes who fill in on a temporary basis.

### **EXPLANATION OF DIFFERENCE**

The provider needs to include a note on the log when the services provided are different than what is listed in the IEP. Example—the student’s IEP calls for 6hrs of 1:1 support, but the student is only receiving 3 hours per day as they are transitioning back to school after a hospitalization.

### **TOTAL HOURS**

At the end of the billing period, the service provider calculates the hours of billable service provided during the billing period. Total hours must match the documentation.

### **SERVICE TYPE**

The provider must check all services that are being provided. At least one of the one through nine activities listed under the service types on the form must be checked in order for personal care to be billable.

### **PROVIDER SIGNATURE AND DATE**

Once the form has been completed, the provider must sign and date the form. If services are evenly split between two people, both individuals should sign the form. When multiple individuals provide services, the individual providing the majority of the services should sign the form. A supervisory union may choose to have all providers sign the log, however, this is not a state requirement. The date of the form can not be prior to the last date that a service was provided. Once the form is signed, it goes to the professional who is responsible for supervising that service. The professional needs to sign, print their name and date the form.

### **RELATED SERVICES DOCUMENTATION LOG**

The Related Services Documentation Log is completed for Speech, OT, PT, Mental Health, Nutrition and Vision services. Providers can use documentation records designed for their profession as long as all the required elements for Medicaid billing are included, or use the Related Services Documentation Log. A separate form is completed by each provider for each billing period.

### **FORM HEADER**

- Name—enter the student’s full name
- Date of Birth—enter the student’s date of birth
- Diagnostic Code—enter the diagnostic code that will be billed to Medicaid
- Provider Name—enter the full name of the individual providing the service
- Provider Type—enter the title of the provider. For example—SLP or SLP Aide
- SU/ School—enter the name of the supervisory union in which the child resides and the school the child is attending

### **SERVICE DETAIL**

For each day on which services are provided to the student:

- Date—enter the date the service was provided in mm/dd/yyyy format

- Activity/Procedure/Service--enter a brief description indicating what activity or service was provided. The description needs to be more detailed than the name of the related service, with the exception of counseling.
- Small Group or Individual—list the group size that was provided
- Minutes Per Session—list the amount of time the service was provided

### **TOTAL HOURS**

At the end of the billing period, the service provider calculates the hours of billable service provided during the billing period. Total hours are broken out between one-on-one and small group. Total hours must match the documentation.

### **PROVIDER SIGNATURE AND DATE**

Once the form has been completed, the provider must sign and date the form. The date of the form can not be prior to the last date that a service was provided. Once the form is signed, it goes to the professional who is responsible for supervising that service. The professional needs to sign, print their name and date the form. No supervisor's signature is required for staff members who are considered professionals for Medicaid billing.

When services are being provided under the direction of a PT/OT/SLP, the student's case manager needs to sign the form to verify that the services were provided. The name of the PT/OT/SLP who developed the plan must be noted on the form.

### **PROGRESS NOTES**

Progress notes are required for all related services billed to the School-Based Health Services Program. Progress notes can be the updated goals/objectives section of the IEP, a typed or handwritten note or a description of the student's progress.

Progress notes need to be completed quarterly or to coincide with the school marking period. If a progress note is not completed, future billing for the service can not be submitted. If it is discovered that a service has been billed and progress notes were not completed, the service will need to be removed from the Level of Care Form and the claim adjusted accordingly.

### **CLERK RESPONSIBILITIES FOR PROVIDER DOCUMENTATION**

- All header information is completed
- Developmental and Assistive Therapy log—the IEP Activity matches the IEP Service Description
- Developmental and Assistive Therapy log —each log contains only one IEP service performed by one provider
- Case Management Assurance form—the IEP initiation/amendment date matches the IEP
- Case Management Assurance form —the hours per week/month match the IEP for each IEP/amendment
- Case Management Assurance form —the From and To dates do not exceed the dates billed on the LOC
- Related Services log—there is a complete date, service description, group size and time for each service
- Related Services log—the service description is adequate
- Progress notes—need to be obtained to coincide with the school marking period
- Personal Care Verification Form—completed and filed with the appropriate IEP
- Personal Care log—calendar includes time not X's

- Personal Care log—only one log per student, unless there are two full-time personal care aides
- Total hours must match the documentation, even if the time documented is incorrect (For example--services are listed as being provided on a snow day/vacation/or day that doesn't exist)
  - Clerks can not change the calendar
  - Clerks must fix the total if there is an addition error
  - If the documentation indicates services on a snow day/vacation/weekend etc... the clerk can only bill for services provided when school was in session. Best practice is to place a note in the margin of the documentation log indicating the amount of time that will be billed on the LOC. **DO NOT CHANGE THE TOTAL ON THE DOCUMENTATION LOG**
- If the documentation indicates services on a snow day/vacation/weekend etc... the clerk can only bill for services provided when school was in session. Best practice is to place a note in the margin of the documentation log indicating the amount of time that will be billed on the LOC
- The documentation log is completed in ink and does not include white-out. Logs containing white out or completed in pencil need to be photocopied or the clerk needs to obtain a new log
- Hand changes to the documentation log need to be initialed where appropriate
- The provider has signed and dated the log
- The provider listed in the header is the individual signing as provider
- A professional has signed and dated the log where applicable
- The professional's printed name appears on the log where applicable and matches the name of the individual who signed as professional
- For logs signed electronically, the provider's printed name, date and submitted electronically check box are completed electronically
- All documentation logs are completed on the correct version of the form
  - Case Management Assurance Form—July 2008
  - Developmental and Assistive Therapy Log—July 2008
  - Personal Care Service Documentation Log—June 2010
  - Personal Care Verification Form—June 2010
  - Related Services Documentation Log—July 2008