



June 2006

Provider Bulletin Number 627b

HCBS FE Providers

Attendant Care Provider Manual Update

The Documentation Requirements section of the *HCBS FE Attendant Care Provider Manual* has been updated. Visit the KMAP Web site at <https://www.kmap-state-ks.us> to view the updated manual.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, select the *HCBS FE Attendant Care Provider Manual*, page 8-4 through 8-5.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

Documentation Requirements:

Written documentation is required for services provided and billed to the Kansas Medical Assistance Program. Documentation must be generated at the time of the visit. Generating documentation after the fact is not acceptable. Documentation must be clearly written and self-explanatory, or reimbursement may be subject to recoupment.

In Home Care

Documentation must at a minimum include the following:

- Identify the waiver service being provided
- Customer's name and signature must be on each page of documentation
- Attendant's name and signature must be on each page of documentation
- Date of service (MM/DD/YY)
- Start time for each visit; include AM/PM or utilize 2400 clock hours
- Stop time for each visit; include AM/PM or utilize 2400 clock hours
- Identify duties performed during each visit

Time must be totaled by actual minutes and hours worked. Billing staff may round the total to the quarter hour at the end of a billing cycle. For a post payment review, reimbursement will be recouped if documentation is not complete.

Use the sample form in the forms section at the end of the manual for documentation. This form may be duplicated for your use.

**Assisted Living Facilities, Residential Health Care Facilities
Home Plus and Boarding Care Homes**

Documentation must at a minimum include the following:

- Identify the waiver service being provided
- Customer's name and signature must be on each page of documentation
- Attendant's name and signature must be on each page of documentation
- Date of service (MM/DD/YY)
- Time spent daily for services rendered
- Identify duties performed during each contact

Time ~~should~~ must be totaled by actual minutes and hours worked. Billing staff may round the total to the quarter hour at the end of the billing cycle. For a post payment review, reimbursement will be recouped if documentation is not complete.

Use the sample form at the end of this manual to submit documentation. ~~section at the end of this manual to submit documentation.~~ This form may be duplicated for your use.

Electronic Documentation

Documentation must at a minimum include the following:

- Identify the HCBS waiver service being provided
- Identify the customer receiving the service(s)
- Identify the attendant providing the service(s)
- Date of service
- The start time of the service; include AM/PM or utilize 2400 clock hours
- The end time of the service; include AM/PM or utilize 2400 clock hours

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Electronic Documentation continued:

- Identify duties performed during each visit
- The customer's signature authorizing the utilization of the electronic documentation system at the start of service delivery

Electronic documentation of service delivery is allowed effective July 1, 2003 when meeting both documentation standards and signature standards as outlined above.

Signature Limitations

In all situations the expectation is that the consumer provides oversight and accountability for people providing services for them. Signature options are provided in recognition that a consumer's limitations make it necessary that they be assisted in carrying out this function. A designated signatory may be anyone who is aware services were provided. The individual providing the services **cannot** sign the time sheet on behalf of the consumer.

Each time sheet must contain the signature of the consumer or designated signatory verifying that the consumer received the services and that the time recorded on the time sheet is accurate. The approved signing options include:

1. Consumer's signature
2. Consumer making a distinct mark representing their signature
3. Consumer using their signature stamp or
4. Designated signatory

In situations where there is no one to serve as designated signatory the billing provider establishes, documents and monitors a plan based on the first three concepts above.

Consumers that refused to sign accurate time sheets when there is no legitimate reason, should be advised that the attendant's time may not be paid or money may be taken back. Time sheets that do not reflect time and services accurately should not be signed. Unsigned time sheets are a matter for the billing provider to address.

ENROLLMENT;

For Service C or D -

- County Health Departments
- The following entities licensed by KDHE:
 - Medicare Certified Home Health Agencies, State Licensed Home Health Agencies
- The following entities licensed by KDOA:
 - Home Plus, Assisted Living Facilities, Residential Health Care Facilities

REIMBURSEMENT:

One Unit = fifteen minutes

Maximum Unit Cost = Level II C or D = \$3.52

Procedure Code = S5125 (Attendant Care Services)