

June 2006

Provider Bulletin Number 627c

HCBS FE Providers

Nursing Evaluation Provider Manual Update

The Documentation Requirements section of the *HCBS FE Nursing Evaluation 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 Nursing Evaluation Provider Manual*, page 8-2.

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.

BENEFITS AND LIMITATIONS

8400 Updated 6/06

Documentation Requirements:

Written documentation is required for services provided and billed to the Kansas Medical Assistance Program. The nurse must provide the case manager with a summary of the visit within two weeks of the visit. ~~is responsible for submitting a written report to the case manager and the primary care physician within two weeks of the visit.~~ The report summary must include ~~at a minimum~~ the following:

- Identification of ~~y~~ the waiver service being provided
- Customer's name and signature
- Nurse's name and signature with credentials
- Date of service (MM/DD/YY)
- Observations, interventions, teaching issues or instructions regarding delivery of services, etc.

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.

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
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. Timesheets that do not reflect time and services accurately should not be signed. Unsigned time sheets are a matter for the billing provider to address.