



**June 2006**

**Provider Bulletin Number 627e**

## **HCBS FE Providers**

### **Wellness Monitoring Provider Manual Update**

The Documentation Requirements section of the *HCBS FE Wellness Monitoring 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 Wellness Monitoring 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:

The wellness monitoring nurse must provide the case manager ~~and the primary care physician~~ with a brief summary within two weeks of each visit.

Medicaid requires written documentation of services provided and billed to the Kansas Medical Assistance Program. Documentation at a minimum must include 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)
- Clinical measurements, ~~as necessary~~ as needed, based on the customer's presentation
- Review of systems, ~~as necessary~~ as needed, based on the customer's presentation
- Additional observations, interventions, teaching issues, 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 timesheet 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 timesheet 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.