Kansas Medical Assistance Program





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Provider Bulletin Number 628a

HCBS PD Providers

Assistive Services Provider Manual Update

The Documentation Requirements section of the *HCBS PD Assistive Services 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 PD Assistive Services 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.

8000. Updated 8/06

Enrollment:

Providers of this service are contractors, agencies licensed by the county or city in which they work who perform all work according to existing building codes. All Assistive Services will be arranged by and generally paid through the Independent Living Counseling Agency with consumer written authorization of the purchase. Consumers will have complete access to choose any qualified provider (agency or individual). If the qualified provider agency does not wish to contract with the Independent Living Counseling Agency, the state shall provide a separate provider agreement for that provider agency. Individual qualified providers will not be given separate provider agreements but may choose to contract with any qualified provider agency or Independent Living Counseling Agency.

Documentation Requirements:

Written documentation is required for services provided and billed to the Kansas Medical Assistance Program. Documentation at a minimum must include the following: Provider must maintain an invoice or receipt that contains:

- Provider must maintain a copy of the receipt identifying that the service was provided.
 Documentation at a minimum the receipt must include:
 - Name of business or contractor
 - Consumer's name and signature
 - Identification of the technology or service being provided
 - Date of service (MM/DD/CCYY)
 - Amount of purchase
 - Consumer's name and signature
 - Statement of inspection by provider to insure product was purchased/installed as authorized

Documentation must be completed at the time the technology or service is provided. 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.

KANSAS MEDICAL ASSISTANCE HCBS PD ASSISTIVE SERVICES PROVIDER MANUAL BENEFITS & LIMITATIONS