

August 2006

Provider Bulletin Number 628b

HCBS PD Providers

Independent Living Counseling Provider Manual Update

The Documentation Requirements section of the *HCBS PD Independent Living Counseling 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 Independent Living 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

On an annual basis, demonstrate proficiency about the services, policies, rules, and procedures of the HCBS/PD program to the administrators of the program.

Licensed professionals such as nurses and social workers are not prohibited from providing these services if the requirements noted above are met.

Limitations:

Consumers on the HCBS PD waiver prior to their 65th birthday will have the option at age 65 to choose to remain on the PD waiver and at anytime after, transfer to the HCBS Frail Elderly (FE) waiver. Consumers can only transfer once.

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:

- A current assessment or reassessment
- Plan of Care – dated and signed by the consumer (or guardian) and IL Counselor
- Notice of action
- Attendant care worksheet
- Maintain an Activity Log that includes:
 - Identification of the service being provided
 - Consumer's first and last name
 - Date of service (MM/DD/CCYY)
 - Total time spent in actual minutes/hours
 - Location of service provided
 - IL Counselor's name and signature with credentials
 - Detailed description of the activities involved

Time ~~should~~ must be totaled by actual minutes/hours worked. Billing staff may round the total to the quarter hour at the end of the billing cycle. Providers are responsible to insure the service was provided prior to submitting claims.

Documentation must demonstrate and provide assurances of appropriateness of services, access and coordination of needed services as identified on the Plan of Care. It must be clearly written and self-explanatory, or reimbursement may be subject to recoupment.

~~Validation of services provided must be documented within the timeframe that is billed.
Generating documentation after the fact is not acceptable.~~

~~This record must be created and maintained during the time frame covered by the document.
Creating documentation after-the-fact is not acceptable.~~