

August 2006

Provider Bulletin Number 628c

HCBS PD Providers

Personal Emergency Response Provider Manual Update

The Documentation Requirements section of the *HCBS PD Personal Emergency Response 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 Personal Emergency Response Provider Manual*, pages 8-2 through 8-4.

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.

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Provider Requirements:

Medicaid providers who choose to provide payroll agent services to self-directed consumers must comply with the following:

- Have a Federal Employment Identification Number and receive Medicaid payments under this number
- Withhold and deposit all applicable taxes for each employee and each attendant working with a self-directed consumer, including Federal, State and FICA withholding
- Provide unemployment insurance on each employee and each attendant working with a self-directed consumer
- Provide worker's compensation insurance in accordance with K.S.A. 44-505. This coverage can be provided as a benefit, if not required by law
- Issue an annual W-2 to each employee and each attendant working with a self-directed consumer
- Maintain records in accordance with all Federal and State requirements
- At the request of the self-directed consumer, complete background checks on the self-directed attendants working with the consumer
- Provide to each self-directed consumer, in writing, a description of the services that will be provided to the attendant, including any benefits the attendant will receive

Documentation Requirements:

Written documentation is required for services provided and billed to the Kansas Medical Assistance Program. **Provider must maintain an invoice that contains:**

- Name of business or contractor
- Consumer's name
- Identification of the service being provided (Personal Emergency Response System)
- Date of service (month and year)
- Dollar amount

Documentation must be completed monthly. Generating documentation after-the-fact is not acceptable.

Documentation must be clearly written and self-explanatory, or reimbursement may be subject to recoupment.

~~Documentation must be generated at the time of the visit. Generating documentation after the fact is not acceptable. Providers are responsible to ensure the service was provided prior to submitting claims.~~

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~~Documentation must be clearly written and self explanatory, or reimbursement may be subject to recoupment.~~

~~Documentation at a minimum must include the following:~~

- ~~• Identify service being provided~~
- ~~• Consumer's name and signature (or responsible party)~~
- ~~• Caregiver's name *and* signature~~
- ~~• 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~~

~~*Time should be totaled by actual minutes/hours worked. Billing staff may round the total to the quarter hour at the end of the billing cycle.*~~

Assisted Living Facilities, Residential Home Care Facilities,
Homes Plus and Board and Care Facilities

~~Documentation at a minimum must include the following:~~

- ~~○ Identify the service being provided~~
- ~~○ Consumer's name *and* signature~~
- ~~○ Caregiver's name *and* signature~~
- ~~○ Date of service (MM/DD/YY)~~
- ~~○ Brief description of duties performed during each contact in accordance with the current Service Plan.~~

~~Post pay reviews will be based on the description of services provided. Any service authorized on the Attendant Care Worksheet, but not documented as having been performed will be subject to recoupment.~~

~~Services such as transportation, lawn mowing, snow removal, or home delivered meals should be documented with a invoice or receipt that contains the following:~~

- ~~• Name of provider;~~
- ~~• Complete date (MM/DD/YYYY) that service was provided;~~
- ~~• Amount of bill;~~
- ~~• Identify the service that was provided (lawn mowing, etc);~~
- ~~• Consumer's signature~~

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~~

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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 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 timesheets are a matter for the billing provider to address.

Expected Service Outcomes For Individuals or Agencies

1. Services are provided according to the plan of care and in a quality manner and as authorized on the notice of action.
2. Coordinate provision of services in a cost-effective and quality manner.
3. Maintain consumers' independence and health where possible, and in a safe and dignified manner.
4. Communicate consumer concerns/needs, changes in health status, etc., to the Case Manager or Independent Living Counselor within 48 hours including any ongoing reporting as required by the Medicaid program.
5. Any failure or inability to provide services as scheduled in accordance with the plan of care must be reported immediately, but not to exceed 48 hours, to the Case Manager or the Independent Living Counselor.