

August 2006

Provider Bulletin Number 628e

HCBS PD Providers

Sleep Cycle Support Provider Manual Update

The Documentation Requirements section of the *HCBS PD Sleep Cycle Support 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 Sleep Cycle Support Provider Manual*, page 8-3.

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.

8400. Updated 8/06

Documentation Requirements:

Written documentation is required for services provided and billed to the Kansas Medical Assistance Program. Documentation must be generated at the time of the visit. Generating documentation after-the-fact is not acceptable. Providers are responsible to insure the service was provided prior to submitting claims.

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

In-Home Care

Documentation at a minimum must include the following:

- Identification of service being provided
- Consumer's name and signature (see signature limitations 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:

- Identification of the service being provided
- Consumer's name and signature
- Caregiver's name and signature
- Date of service (MM/DD/CCYY)
- 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~~