



***Claim and Service Documentation
Requirements:***
*for Providers of Consolidated, Community Living and
Person/Family Directed Support Waiver Services and
Targeted Services Management (TSM)*

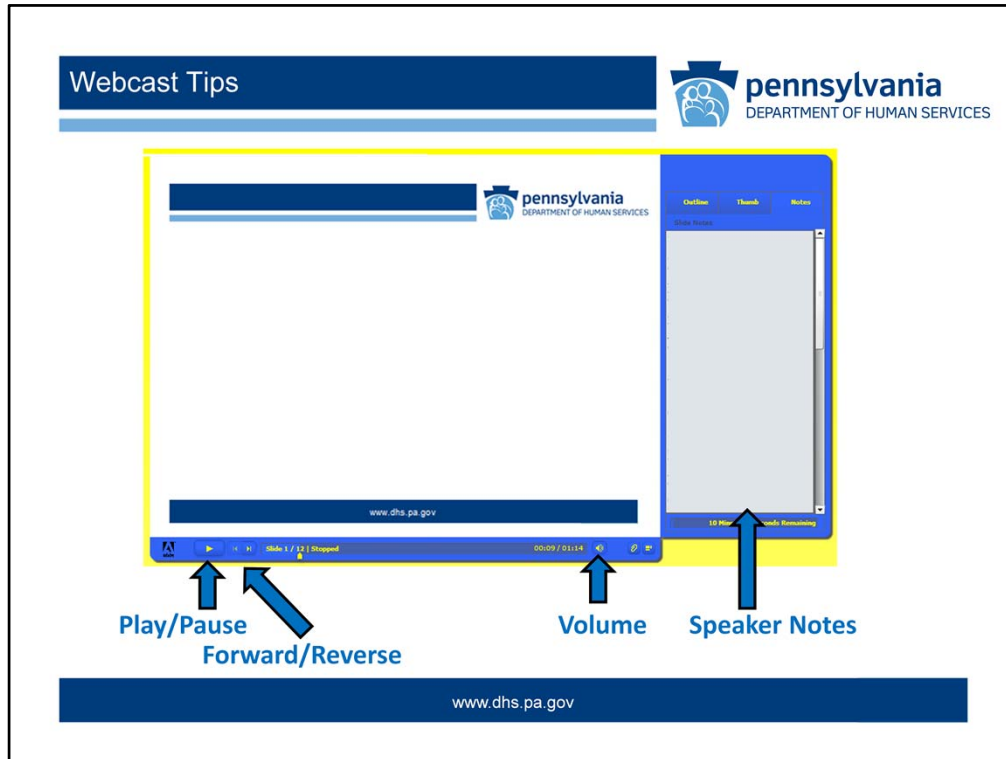
October 2018

Course # - ID-2018-36

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Music only.

Claim and Service Documentation Requirements



This webcast includes spoken narration.

To adjust the volume, use the controls at the bottom of the screen. While viewing this webcast, there is a pause and reverse button that can be used throughout the presentation.

The written version of the narration appears to the right of the screen.

Claim and Service Documentation Requirements

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Claim and Service Documentation Requirements

Webcast Objectives



At the end of this webcast, participants will be able to:

- Identify the basic intent of the *Interim Technical Guidance for Claim and Service Documentation Bulletin 00-18-04* and the Attachment.
- Describe the relationship between claims Submission and Service Documentation.
- Identify the purpose, information needed and differences in Service Notes and Progress Notes.
- Identify benefits for self-review of documentation.
- Ensure compliance with regulations and support payment for services rendered.


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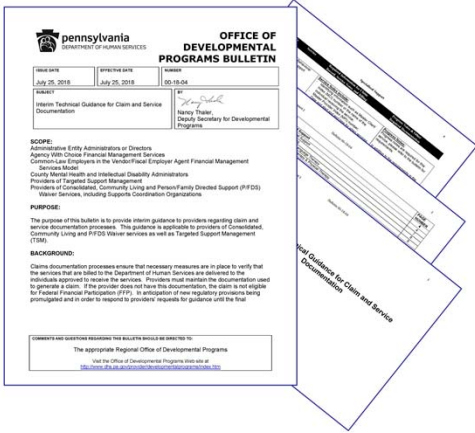
Hello, my name is Frank Schweigert from The Columbus Organization. This webcast on the *Claim and Service Documentation Requirements* is for all Providers of Consolidated, Community Living, Person/Family Directed Support Waiver Services, and Targeted Services Management (TSM).

This webcast will provide you with an overview of the intent and purpose of the *Interim Technical Guidance for Claim and Service Documentation Bulletin*, number 00-18-04, and the Attachment. We will describe the important relationship between claims submission and service documentation. This will include describing the differences between Service Notes and Progress Notes. We will also discuss the benefits of reviewing your own documentation to help ensure practices are in compliance with current Office of Developmental Programs (ODP) policy and regulations.

Claim and Service Documentation Requirements

Interim Guidance





Interim Guidance

- Supporting the transition from Chapter 51 Regulations to the 6100 Regulations
- Guidance for Agency Managers, Supervisors and Employers of Record to ensure continued compliance
- Discontinue use of previously issued Progress Note Template for Chapter 51 Regulations*

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Bulletin 00-18-04 offers interim guidance regarding the claims and service documentation requirements during this transition period between the current Chapter 51 Regulations and the pending release of Chapter 6100 Regulations. At this time, the Office of Developmental Programs (ODP) does not anticipate additional changes to the requirements when the 6100 Regulations are issued.


The information in Bulletin 00-18-04 provides critical guidance for agency managers, supervisors, and common law employers or managing employers to ensure the records include the essential information to support the submitted claims for service. Agency staff responsible for claim submission should also be aware of these requirements and have the necessary procedural controls in place to verify services are delivered at the authorized level or units of service. These controls may include the use of service authorization notices and internal tracking processes. Records provide an audit trail for each claim to verify that the services provided are consistent with the Individual Support Plan (ISP) and are both necessary and effective in helping the person served to attain the objectives described in the ISP.

Please note that the previously released Progress Note Template issued by ODP to comply with Chapter 51 regulations should be discontinued as it does not comply with Bulletin 00-18-04.

Implementation of these requirements will ensure claims will be reimbursed.

Claim and Service Documentation Requirements

Documentation Requirements



- Substantiates services provided for billing purposes.
- Ensures Federal Financial Participation (FFP).
- Provides a record for monitoring Individual Support Plans (ISP):
 - Based on assessed need and service authorization.
 - Describing service activities provided.
 - Supporting team communication to adjust or improve service as needed.


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The documentation requirements identified in the Bulletin serve to substantiate the submitted claims for services and include specific regulatory requirements established by the Centers for Medicare and Medicaid Services (CMS) in order for the state to receive Federal Financial Participation, or FFP funding. The Bulletin also addresses the documentation requirements identified in the Medical Assistance regulations found in 55 Pa. Code Chapter 1101. Home and community-based services are covered under the scope of Chapter 1101.

The documentation requirements provide a record to assure that the services provided are authorized and based on the assessed needs of the person receiving the service. These records serve as an information source to be used by provider staff, the provider, the common-law employer or managing employer, and the Supports Coordinator to document that the service is being delivered as required in the ISP. The documentation is also to be used to support communication, adjust or improve services to better meet the needs and desired results for the individual, and assure and improve the quality of the services being provided.

With the multiple purposes of documentation, it is important to understand that the documentation requirements related to managing services and quality generally exceed the documentation requirements for submitting claims for service (billing).

Fundamental Prerequisites

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Ensure that prior to providing the service:

- The person is eligible for the service.
- The service is delivered by a qualified and enrolled provider.
- The service is authorized based on an assessed need.
- The service is provided as authorized in the ISP.

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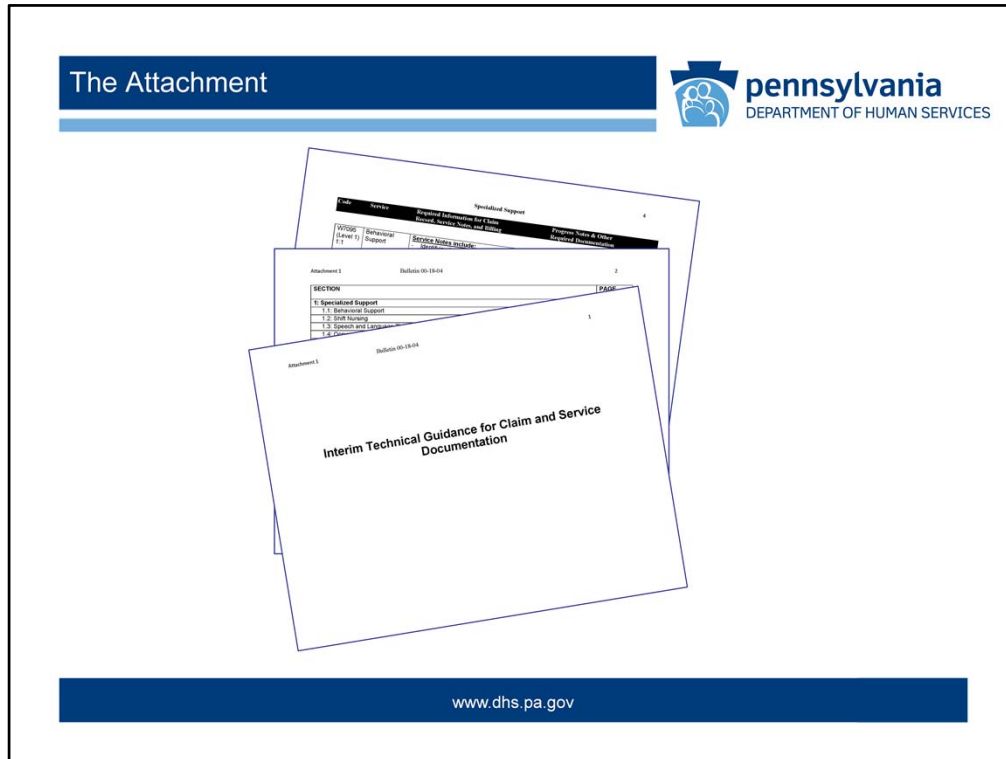
A fundamental prerequisite to providing any service and then submitting a claim through PROMISE™ for that service is to ensure that:

- * The person receiving the service is eligible for the service at the time the service is provided
- * The provider of the service is qualified, enrolled and meets licensing standards if applicable

Once these prerequisites are met, ensuring that sufficient and appropriate documentation is kept when the service is provided is critical to ensure that:

- * The service provided is based on an assessed need for the service
- * The service is provided in the way authorized in the ISP

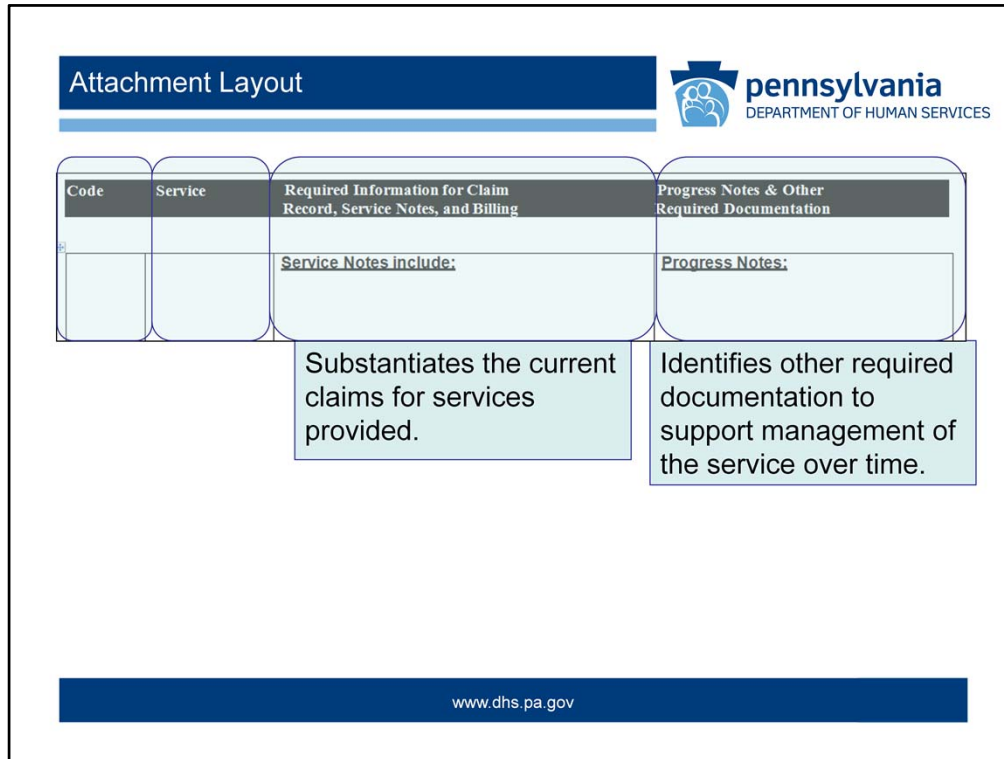
Claim and Service Documentation Requirements



So let's take a moment to look at the Interim Technical Guide for Claim and Service Documentation Attachment, which I will now refer to in this webcast simply as the Attachment.

The Attachment contains detailed instructions regarding the documentation requirements for Service Notes and Progress Notes for each eligible service.

Claim and Service Documentation Requirements



The chart in the Attachment is divided into four columns.


The second column is the name of the eligible service and the first column lists all the W-codes that are related to that service.

The third column describes the required information for Claim Records, Service Notes, and Billing. Included in this column are the specific requirements for Service Notes. What is described in this column is the documentation information that is required to substantiate submitted claims for services provided, to whom the service was provided to, when it was provided, where it was provided, and by whom.

The fourth column provides information related to other required documentation in addition to the requirements for billing. This includes things like Progress Notes, evaluations, or invoices.

The Attachment contains a lot of detail. Taking the time to understand the different purposes of Service Notes and Progress Notes is vital. So let's take a few minutes to explore these more closely.


Claim and Service Documentation Requirements

Service Notes - Basics	
	
Purpose	Describe service activities. Document that service is provided in accordance with ISP. Information source to be used by provider staff, the provider, the common-law employer or managing employer and the Supports Coordinator. Essential component of claim record.
Person Responsible for Completion	Completed by the person providing the service.
Frequency of Completion	On the day the service is delivered, typically during or immediately after the provision of the service. Supports Coordinators and Targeted Supports Managers document service activities within one business day and enter into HCSIS within seven days from the date the service was provided.
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Service Notes are used to record information related to service delivery, to validate the submitted claim for service and are a prerequisite to submission of the claim. The required documentation includes necessary basic information to submit the claim (identifying information of the individual receiving the service, service provider and person providing the service, date/time and location of the service) but also includes a description of the actual service activities that were provided on that date that validates the submitted claim for service.

Because the Service Notes substantiate a claim for billing, the requirements are more stringent. The claim should only be submitted when the information in the Service Note substantiates the service, including sufficient information about the actual service activity performed, that the service provided supports the related outcome or outcomes identified in the individual's ISP that the service is associated with and helping the person to attain those outcomes.

Service Notes – Basics

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Service Notes are:

- Completed by the person providing the service.
- Completed on the same day.
 - For SCs & TSMs, Service Notes are:
 - Completed within 1 business day.
 - Entered into HCSIS within 7 days.
- A source of information and communication for the team.
- A source for assessing effectiveness and progress.


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Service Notes are expected to be completed by the person providing the service on the same day the service is provided.

Supports Coordinators and Targeted Support Managers are required to document their service activities within one business day of the activity. This can be accomplished through various methods such as logs, electronic notes, and notes taken during service provision. This documentation is then used to complete the Home and Community Services Information System (HCSIS) Service Notes. The standard for entering Service Notes in HCSIS by Supports Coordinators and Targeted Support Managers has not changed and must be entered within seven days from the date of contact or service activity.

The content of the Service Note is used as a source of information and communication between the team members and service providers. It is also a source of information in assessing the effectiveness of the service in supporting the individual's progress toward the intended outcomes of the service being provided as stated in the ISP. It may include an assessment of progress, but this is not a requirement for Service Notes.

Service Note - Review

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Prior to submission of the claim, do the Service Notes and other required documentation include:

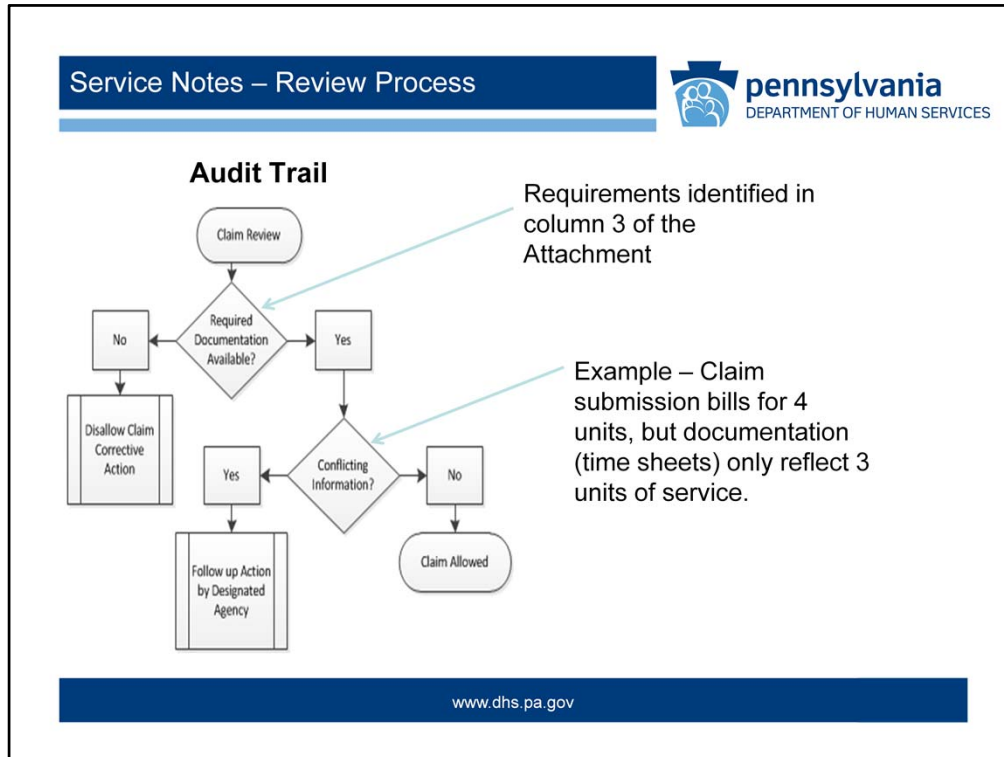
- All required identifying information?
- A description of the authorized service provided?
- Confirmation the service was provided at the expected frequency and duration?
- Validation for the number of units billed?

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Prior to the agency submitting a claim for this service, ODP strongly recommends a review process be implemented by the service provider to review the Service Notes and verify that the notes include all the required identifying information as well as a description of the authorized service provided. This review process should verify that the service is authorized in the ISP and provided at the expected frequency. Providers should review staff timesheets to verify that they support the time and duration of the documented service provided.

This review process not only ensures that the claims of service are accurate at the time of submission, it also creates an audit trail to more easily substantiate any claims that may be questioned after submission to ensure claims are allowed and avoid the need for follow-up actions.

Claim and Service Documentation Requirements



The flow chart on this page describes the basic audit trail used in reviewing a claim.

- * If the required documentation is available and sufficiently supports the claim for service, the claim would be allowed.

- * If the required documentation is available but there is a discrepancy, for example:


- * The submitted claim is for four units of service but the documentation only supports three units of service, follow-up and correction would be needed.

- * If the claim has already been paid, the correction could include the service provider having to return the over-payment.

- * If the required documentation to support the claim is not available, the claim would be disallowed and any payments made for that service claim would need to be returned.

It is in the best interest of the service provider to establish a review process to ensure, in advance, the accuracy of the information entered and the availability of the required documentation to support the submission. The review process will help to ensure that all service claims are all allowed and minimize the need for follow-up actions.

Service Notes - Timely Completion

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Service Notes are to be completed on the same day the service is provided.

Exceptions for extraordinary circumstances:


- Document why the exception is necessary.
- Ensure completion as soon as possible.
- Include with other service documentation records.

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With this basic understanding, let's now look at some of the nuances regarding Service Note requirements.

The Bulletin does allow for exceptions to completion of Service Notes on the same day when extraordinary circumstances or emergencies preclude the Service Note from being completed. In the rare event that an exception is needed, the service provider should be sure to document why timely completion was not possible and ensure that the documentation is completed as soon as possible. The documentation of the reason for the exception should be included where other service documentation records are maintained.

Service Notes - Attendance and Ratios

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The Service Notes must:

- **Affirm attendance** - Residential Habilitation Services (with or without day services)
- **Record time present and absent from the service –**
 - Community Participation Supports (at the facility or in the community)
 - Older Adult Daily Living Centers
- **Affirm required staffing ratios** (for services with staffing ratio based service/procedure codes)


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For Residential Habilitation Services, including Lifesharing (with or without day services) Service Notes must affirm the participant's attendance. Absence of the individual should result in no billing, but the provider should only bill for the service with documented, affirmative confirmation of presence.

At the same time, licensed day services, such as Community Participation Supports (provided at the facility or in the community), and Older Adult Daily Living Centers, need to ensure Service Notes record the time when the person was present and absent from the service, for example, to go to a doctor's appointment, to ensure that billing for the time they are absent does not occur.

The Service Note also needs to verify that the required staffing ratios were provided during the time of service delivery.

When a New Service Note is Needed

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For services tracked and billed in 15 minute units, a new Service Note must be completed when there is:

- An interruption of service.
- A change in staff person(s) providing the service within the calendar day.

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For services provided in 15 minute units, a new Service Note must be completed when there is an interruption of service or a change in staff person(s) providing the service within the calendar day.

Aggregate Billing in Same Day



Billing for services can be aggregated within the same day
BUT each time the service is provided during that day, a
separate Service Note is needed.

Service Note #1 – 11/6/2018 - 10:00 - 10:40 (40 Minutes)

Service Note #2 - 11/6/2018 - 12:00 - 12:20 (20 Minutes)

Service Note #3 - 11/6/2018 - 3:30 - 4:00 (30 Minutes)


Total Time of Service Provided = 90 Minutes

One Service Claim Submission for 11/6/2018 - 6 Units

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While a new Service Note is required when there is an interruption of service, billing for that service is less stringent. The full 15 minute unit of service does not need to be provided consecutively and can be billed once the full 15 minutes of service has been provided, within the same calendar day. For example, for services like In-Home and Community Supports or Companion Services, the service may be provided at several separate times throughout the day. The amount of time spent providing the service on that day can be aggregated for billing purposes, but separate services notes will need to be completed for each time the service was provided during that day.

When a New Service Note is Not Needed

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A separate Service Note is NOT needed for each 15-minute unit of continuous service rendered by the same staff person.

Example: A staff person provides In-Home and Community Support from 8am to 1pm. One Service Note can be completed by the staff person describing what was done during those 5 hours.

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There does not need to be a separate Service Note for each 15-minute unit of service rendered by the same staff person over a period of time if there is not an interruption of the service. For example, if a staff person provides In-Home and Community Support from 8am to 1pm, one Service Note can be completed that describes what was done during that time.

Day Units - When a New Service Note is Needed

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For services tracked and billed in day units, a new Service Note must be completed for each day the service is provided:

- **Residential Services** - documenting at least 8 hours for direct or indirect service.
- **Respite Services in licensed, unlicensed, or other licensed settings** - documenting at least 8 hours for direct or indirect service.
- **Respite services in private homes** - documenting 16 hours or more of service.


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For services that are billed in day units, a Service Note must be completed for each day unit and document the provision of direct or indirect services (such as staff on-call or the use of remote monitoring) for the minimum number of hours required to bill for the day unit.

For residential services (Residential Habilitation, Life Sharing and Supported Living) and Respite provided in licensed or unlicensed residential settings or other licensed settings (private ICFs/IDs, or nursing homes), a Service Note must be completed for each day unit that documents the provision of at least 8 hours of direct or indirect services.

For Respite services provided in private homes that are billed as a day unit, a Service Note must be completed for each day unit that documents the provision of more than 16 hours of service.

Day Units - When a New Service Note is NOT Needed

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A new Service Note is not required when:


- The provider is not rendering a direct service (i.e. the individual is at work or visiting friends).
- When there is a change in staff providing the service within that day.

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For services that are billed in day units, when the provider is not rendering direct services to the individual (the individual is at work, visiting friends, etc.), a new Service Note is not required to be completed. When there is a change in staff providing a service during that day, a new Service Note is not required.

Claim and Service Documentation Requirements

Service Notes - Checklists



A checklist of services provided can be used for the following services:

- Behavior Supports
- In-Home and Community Supports
- Homemaker / Chore
- Supported Employment
- And more – refer to the Attachment

Identified in the third column of the Attachment for each service.

Required Information for Claim Record, Service Notes, and Billing

Service Notes include:

- Identifying information such as MCI number or the name of the individual receiving the service;
- MPI number;
- Date and start and end time for when services were delivered;
- Signature of person providing the service (E-Signature is allowed);
- Degree/licensure/certificate for enhanced service levels only; and
- Place(s) the service is rendered.

A service note is to be completed for each continuous span of 15 minute units that describes service activities. **When all service note elements listed above are present, the provider may choose to create and use a checklist to document the activities provided to or on behalf of the individual, which may include:**

- Grooming, dressing and hygiene activities including clothing care;
- Maintaining health and wellness through general exercise, completing recommended therapeutic activities, taking medications;
- Meal planning and preparation;
- Scheduling/attending medical appointments;


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The Attachment does provide additional direction for specific services where a checklist can be used to document specific service provision, as long as all other required elements are present in the service note. Some of the services where a checklist is acceptable include but is not limited to:

- * Behavior Supports
- * In-Home and Community Support
- * Homemaker / Chore
- * Supported Employment

If a checklist is allowable for a specific service, this will be identified in the third column on the Attachment. The provider should use the Attachment to verify this in advance of providing the service. The checklist may technically be generic and tied to the compensable service activities, but tying the checklist to the person and the ISP is encouraged as it provides focus on what should be occurring and the related documentation.

Service Notes - When Planned Activities Change

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When a planned activity does not occur but the service is still provided, be sure the Service Note reflects services provided:


- Relate to authorized service in the ISP.
- Document alternate activities and support that validate the service.

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As we consider what information is included in a Service Note, we must also recognize that there may be times when the planned activity the service is supporting may not occur. For example, in providing Home and Community Habilitation service, an activity in the community may be planned but due to weather, the individual chooses not to participate and stay at home.

The Service Note for this date should include details of what alternative service or support was provided (or attempted) that also relate to the ISP outcome(s) and authorized service. Depending on the outcome and action steps included in the ISP, this could include things like planning future activities with the individual or practicing skills related to the activity. The point is the Service Note must reflect what occurred during the provision of service that supports and validates the need for the service that was provided.

Service Notes - Community Participation Supports

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CPS Services provided over the course of the day.


- Team of staff who interact and provide the service.
- Changes in staff directly supporting the person.

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At this point, we need to take a moment to talk about Service Notes in relation the Community Participation Supports services.

In providing CPS services, there can be a team of staff who interact and provide the service over the course of a day and there can be changes in which staff are directly supporting that individual at any given time. For these situations, the Service Notes and records must support the ratios and percentages authorized in the ISP.

Service Notes – CPS Options

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Service Note Options:

- A single Service Note may be entered with multiple entries from those providing the service.
- The supervisor or program specialist who is present for the entirety of the service provision on that day can complete the Service Notes based on staff reports about the activities that were provided to or on behalf of the individual.
- The provider can create a checklist to support documentation.

All documentation of the provided service must include the activities, ratios, and percentages .


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In order to minimize the need for individual Service Notes from each staff person involved in providing the CPS service, there are a couple of options available to the provider:

- * A single Service Note can be used but contain multiple entries based on information provided by each staff person involved in providing the support.
- * A supervisor or program specialist who is present for the entirety of the service provision on that day can complete the Service Note based on staff reports about the activities that were provided to or on behalf of the individual. This could include the provider developing a check list to support the documentation of the activities provided, making sure to include information regarding ratios and percentages.
- * The provider can create a checklist for staff to document the service provided.


In all cases, the documentation provided must include information regarding the specific activities, ratios, and percentages when the service was provided.

Service Notes – Claims Review

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Claims submission for CPS Services need to include:

- Correct Procedure Codes.
- Service Modifiers.
- Information related to percentage of time.




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For those responsible for submitting claims, recent ODP reviews of the claims process have revealed that for CPS Services, the Procedure Codes are being used in submitted claims but the modifiers and information related to percentage of time are not being consistently included.

CPS is still a new service and it can be challenging to figure out the billing, but it is necessary for providers to be sure to include the modifiers and percentage information in their claims submissions.

Claim and Service Documentation Requirements

EVV – Electronic Visit Verification


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- Statewide Implementation of EVV - Summer 2019.
- EVV may NOT fulfill all Service Notes requirements.
- Be sure to have a process in place to fulfill all Service Note requirements.

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One last thing regarding Service Notes. Beginning in the Summer of 2019, the Pennsylvania Department of Human Services will be implementing the federally required statewide use of Electronic Visit Verification or EVV. EVV systems may fulfill some, but not necessarily all, of the Service Note requirements. Agencies using EVV will need to be sure to have a process in place to fulfill all the Service Note requirements not recorded through EVV.

EVV – Required Services



Services subject to EVV requirements:

Consolidated, Community Living and P/FDS Waivers:

- Companion
- In-Home and Community Support
- Respite (unlicensed settings only)
- Homemaker/Chore (homemaker portion only)

Adult Autism Waiver:

- Community Support
- Respite (unlicensed settings only)

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While Service Providers may choose to use EVV for some or all of the services they provide, ODP has identified specific services that must begin to use the EVV system when it is implemented.

For the Consolidated, Community Living and Person/Family Directed Supports Waivers this includes:


- * Companion.
- * In-Home and Community Support.
- * Respite provided in unlicensed settings only.
- * And the homemaker portion of Homemaker/Chore services.


For the Adult Autism Waiver, only Community Support and Respite provided in unlicensed settings are subject to the EVV requirements.

Please be sure to review and watch for communications from the Department of Human Services and the Office of Developmental Programs regarding the implementation of the EVV System.

Claim and Service Documentation Requirements

Progress Notes





Progress Notes are completed every three months.
(Bulletin 00-18-04)

Providers have the discretion to complete Progress Notes more frequently.

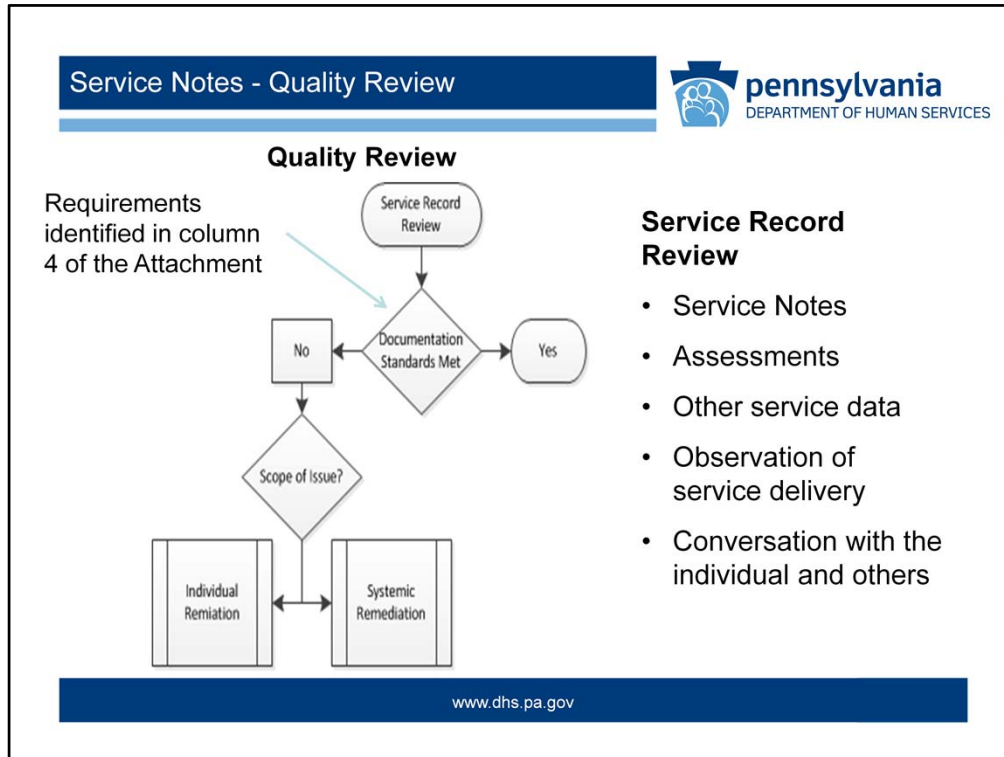
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So now, let's take a look at Progress Notes.

Progress Notes are completed at least every three months. Please note that while 55 Pa. Code Chapter 51 regulations require monthly Progress Notes, ODP is implementing the requirement that Progress Notes must be completed, at a minimum, every three months.

ODP will consider a provider compliant with licensing regulations if Progress Notes are completed every 3 months, but providers can choose to complete Progress Notes more frequently.

Claim and Service Documentation Requirements




Progress Notes include the review of documentation, including Service Notes, assessments and other available data related to the service, observations made during service delivery, and conversations with the person, family, and others involved in the delivery of service. The Program Specialist or other provider staff who conduct routine reviews or oversight of staff completing the Progress Note then uses that information to assess and document their findings.

Progress Notes are used by the service provider, Supports Coordinator, Administrative Entity and ODP to help ensure that the services provided are being provided as needed and identified in the ISP, are beneficial to the individual and family receiving the service, and to support any remediation that may be needed.

Claim and Service Documentation Requirements

Progress Notes – Federal Requirements



Progress Notes must include:

- The name of the participant, provider, and service.
- Name, title and signature of the person completing the progress note.
- Amount, frequency and duration of the authorized and delivered HCBS.
- Description and outcome of the HCBS including that:
 - The service is being provided as specified in the ISP.
 - The service is meeting the individual's assessed needs and preferences.
 - There is progress toward or maintenance of ISP specified outcomes and actions.
 - When there is an identified lack of progress, how the lack of progress will be addressed.

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55 PA Code § 51.16 reflects the state's requirements for Progress Notes and support the Federal requirements.


The content of the Progress Notes must include:

- * The name of the participant, provider, and service.
- * The name, title and signature of the person completing the progress note.
- * Amount, frequency and duration of the authorized and delivered service.
- * Description and outcome of the service.

The description and outcome of the service should reflect that:

- * The service is being provided as specified in the ISP.
- * The service is meeting the individual's assessed needs and preferences.
- * There is progress toward or maintenance of ISP specified outcomes and actions.
- * When there is an identified lack of progress, how that lack of progress will be addressed.

Claim and Service Documentation Requirements

Progress Notes - Basics	
	
Purpose	Ensure services are meeting the individual's needs over time. Indicate progress or lack of progress.
	Ensure providers are meeting expectations of service quality.
	Provide information essential for provider review and self-monitoring to ensure services are rendered as authorized in the ISP.
	Not necessary to substantiate a claim.
Person Responsible for Completion	Typically completed by a program specialist or other provider staff who conduct routine reviews or oversight of staff.
Frequency of Completion	Once every 3 months at a minimum.
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Progress Notes are a review, a look-back of services provided, to verify that the services are being provided as intended, approved in the ISP, and are effective in providing the needed support.

Progress Notes are typically completed by a program specialist or other provider staff who conduct routine reviews or oversight of staff as part of their role to ensure both the quality and quantity of the services provided are authorized in the ISP. Progress Notes are a review of service documentation and are developed in cooperation with the Supports Coordinator or Targeted Support Manager, and the individual.

Because Progress Notes are entered well after a service has been provided, they are not required to validate submitted service claims.

Claim and Service Documentation Requirements

Progress Note - Basis

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Specialized Support


Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
W7095 (Level 1) 1:1 W8996 (Level 2) 1:1	Behavioral Support	Service Notes include: <ul style="list-style-type: none"> - Identifying information such as Master Client Index (MCI) number or the name of the individual receiving the service; - Master Provider Index (MPI) number; - Date and start and end time for when services were delivered; - Behavioral Specialist signature (E-signature is allowed); - Place(s) the service is rendered; - Date of evaluation/comprehensive assessment and current behavior support plan as part of the service plan. 	Progress Notes: Progress notes are required for this service, please refer to the bulletin for requirements. In addition to the requirements in the bulletin, progress notes for Behavioral Support shall be signed by the supervisor who is licensed or has a Master's Degree (as applicable).

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In the Attachment, column four includes information regarding any additional documentation requirements that may exist for specific services.

Claim and Service Documentation Requirements

Progress Notes - Exceptions



Exceptions based on the nature of the service provided.

Vendor			
Code	Service	Required Information for Claim Record, Service Notes, and Billing	Progress Notes & Other Required Documentation
T2028 T2029	Assistive Technology--Non-Medical or Medical	For a Device or Remote Monitoring Fee, the Invoice: <ul style="list-style-type: none">- Includes an itemized list of provided/delivered goods;- Includes the date the device was purchased; and- Is submitted monthly at a minimum for	Progress Notes: Service/Claims documentation satisfies requirements for progress notes. Therefore, a separate progress note is not needed for this service. Direct Payment to Vendor Through an

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As noted earlier, Progress Notes are not a requirement for the submission of service claims but they are required for the majority of services.

A limited number of services do not require Progress Notes due to the nature of the service being provided. This includes but is not limited to the following services:

- * Respite care (Service Notes require documentation of caregiver relief)
- * Homemaker / Chore
- * Assistive Technology
- * Home and Vehicle Accessibility and Adaptations
- * Respite Camp
- * Education Support Services
- * Transportation

You can verify whether a specific service requires a Progress Note by referring to the fourth column in the Attachment for that service.

Progress Note – Development

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Cooperative development

- Service Provider Program Specialist or other provider staff who conduct routine reviews or oversight of staff or during service monitoring
- Supports Coordinator or Targeted Support Manager
- Individual


** A formal meeting is not required.*

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The Bulletin identifies that Progress Notes are to be developed in cooperation with the Supports Coordinator or Targeted Support Manager, and the individual, after reviewing available service documentation. This cooperative development of the Progress Note is not a requirement for a formal meeting with the individual and Supports Coordinator or Targeted Support Manager. The cooperative development of the Progress Note can be the result of a discussion with the individual and SC or TSM.

Progress Notes developed cooperatively provide information for the team, ODP, Administrative Entities, or other reviewers to ensure services are meeting the individual's needs and that the service providers are meeting their expectations of service quality.

Progress Note – Self-directed Services


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- **Vendor Fiscal/ Employer Agent** – The common-law employer completes the progress note.
- **Agency with Choice** – Managing Employer (or Agency with Choice Organization) completes the progress note.

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When an individual is self-directing services through the Vendor Fiscal/Employer agent model, the common-law employer is responsible to ensure the Progress Notes are completed. When an individual is self-directing through the Agency with Choice model, the managing employer, or if necessary, the Agency with Choice organization completes the Progress Notes.

Self-Review – Being Proactive

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Service Notes and Progress Notes are subject to internal (ODP and Administrative Entities) and external (Bureau of Financial Operations/ CMS) reviews.

Service providers should have in place:

- An internal review process.
- Established safeguards and controls.

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Submitted claims, Service Notes, and Progress Notes are all subject to review by ODP and Administrative Entities as well as external bodies including State and Federal reviewers.

The Progress Notes provide essential information for provider self-review and self-monitoring to ensure the services are rendered as authorized in the individual's ISP and that the services are effectively meeting the identified need of the individual. Provider self-assessment is not currently part of the Quality Assessment and Improvement (QA & I) process. However, ODP strongly encourages providers to complete a self-review and self-assessment as this will likely be a component of the QA & I process going forward.

In addition to self-review by the service provider, Service Notes and Progress Notes are reviewed by Supports Coordinators, AEs, and ODP. Individuals and agencies completing this documentation must be proactive in their efforts to ensure that there is an internal review process and established safeguards and controls. These reviews, safeguards, and controls ensure that the Service Notes and Progress Notes meet the basic requirements and support the claims for services rendered, the need for continuation or revision of the service, and facilitates timely payment when the services are provided.

Evaluating Service Notes and Progress Notes



To ensure documentation supports billing and compliance to requirements:

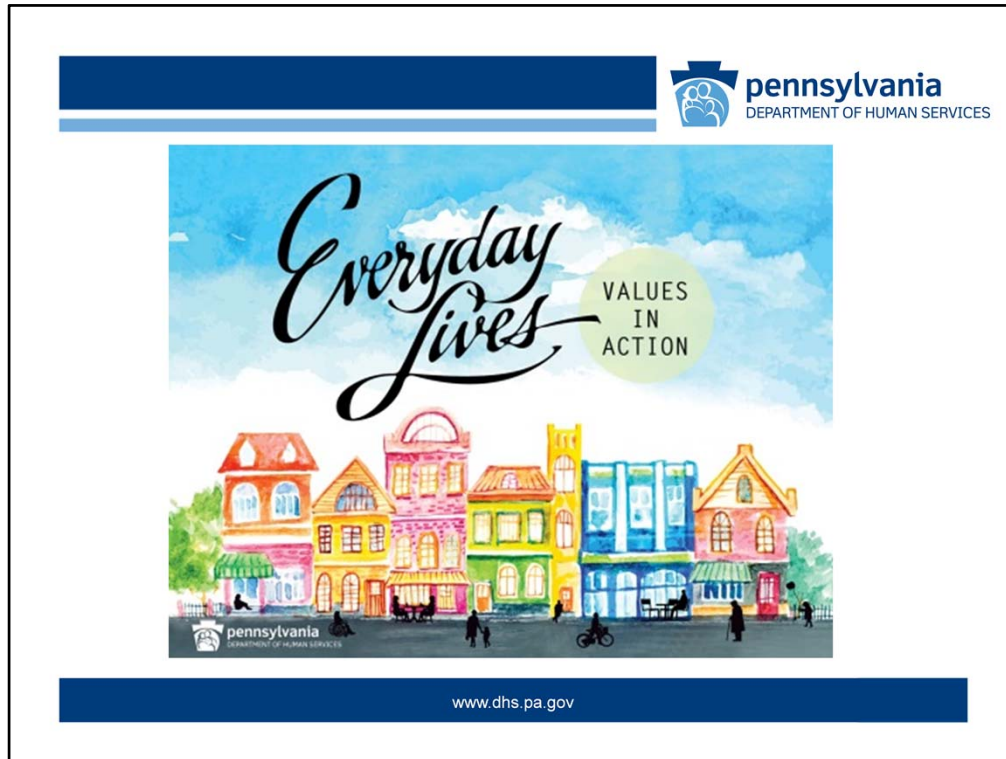
- Ensure mutual understanding of the service intent and service provided, seeking clarification as needed.
- Establish internal review, feedback, and remediation processes.
- Use the Interim Technical Guidance for Claim and Service Documentation Attachment.
- Sample claims to identify areas to be addressed.

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The process of evaluating Service Notes and Progress Notes is an assessment to ensure both the quality of the information recorded and the quantity of the service billed for. Some of the proactive steps that can be implemented by providers to ensure quality include but are not limited to:

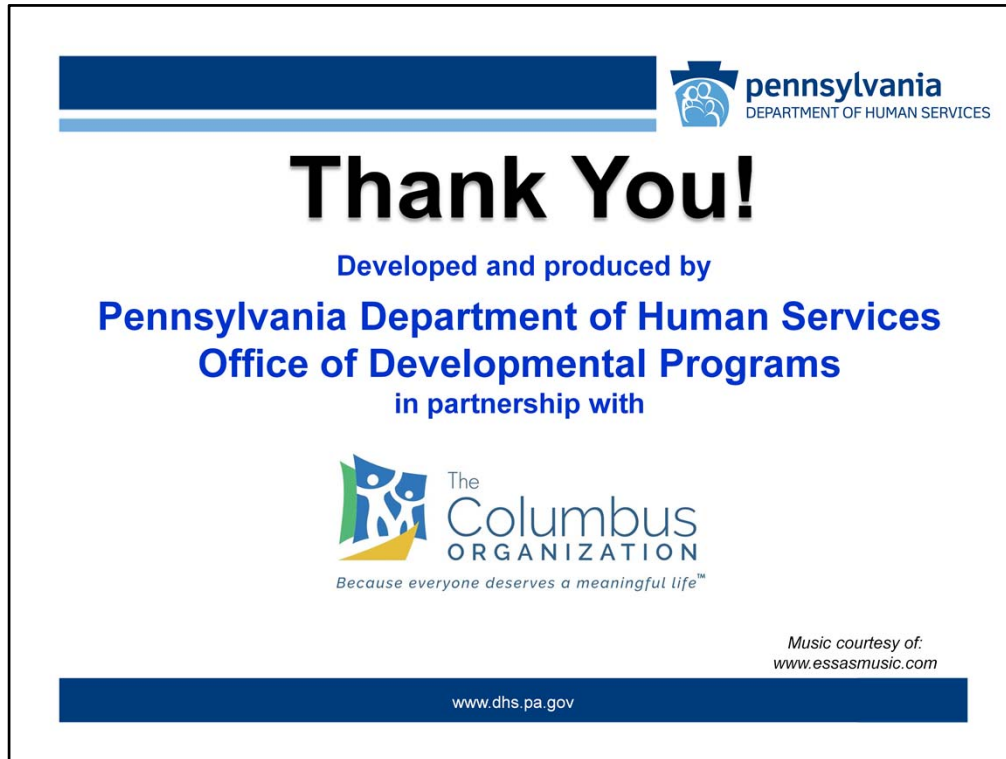
- * Taking the steps necessary to ensure mutual understanding of the type of service to be provided and the intent of the service identified in the ISP and seeking any needed clarifications with the team to ensure that the service can be effectively provided and documented accurately.
- * Establishing internal processes to regularly review, provide timely feedback, support, and remediation regarding the information recorded to ensure the quality of the information recorded properly validates the service provided and meets documentation requirements.
- * Using the Interim Technical Guide Attachment and a self-sample of claims and Service Notes to ensure current documentation practices supports billing, are in compliance with the requirements, and then take steps as needed to address any areas that may not meet these requirements.

Claim and Service Documentation Requirements



At the end of the day it is not just claims documentation but it is also a review of the services being provided to ensure the services are necessary and effective in helping the person to attain the outcomes identified in their ISP and your role in supporting their everyday life.

This concludes the webcast on *Claim and Service Documentation Requirements*. Please be sure complete the training confirmation on MyODP in the course where you accessed this webcast to obtain your Certificate of Achievement and training credit.



This webcast has been developed and produced by the Pennsylvania Department of Human Services, Office of Developmental Programs in partnership with The Columbus Organization.

Thank you for participating in this lesson.