



OFFICE OF DEVELOPMENTAL PROGRAMS
COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

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SUBJECT:

**Provider Billing Documentation
Requirements for Waiver Services**

BY:

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Deputy Secretary for Developmental Programs

SCOPE:

Administrative Entity Administrators/Directors
Providers of Mental Retardation Services

PURPOSE:

The purpose of this bulletin is to inform all mental retardation waiver providers of the specific information that must be maintained to document the provision of services and service units, and to validate invoices/billing submissions. This bulletin does not apply to providers that provide only base-funded services.

BACKGROUND:

As billing through Fee-For-Service (FFS) becomes more prevalent, it is necessary for providers to document the type of service(s) billed and the amount of service(s) utilized. This documentation must include the minimum requirements necessary to validate service provision and billing.

POLICY:

Providers accept responsibility for the accuracy of all claims submitted and must assure that services were rendered to each individual as written in his/her approved and authorized Individual Support Plan (ISP). Providers are required to comply with all Federal and State auditing requirements.

Providers shall maintain records that fully describe the nature and extent of services provided. Records must separately identify waiver participants and services. Providers shall preserve these records until the expiration of four years after the waiver-funded service is furnished. Records that relate to litigation, audit exceptions, or the settlement of claims related to performance or expenditures shall be retained until such litigation, exceptions, or claims have reached final disposition.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Appropriate Regional Program Office

Providers will restrict the use or disclosure of information concerning waiver participants to purposes directly related to the administration and implementation of the individual support plan. Providers, and any subcontractors, will give full and free access to any records pertaining to waiver participants, services, and payments for services to the following for evaluation, through inspection or other means, of the quality, appropriateness, and timeliness of waiver services: The Commonwealth, the United States Comptroller General, and the United States Department of Health and Human Services and their authorized representatives.

Providers must maintain written policies for retention and access to records. The records retention policy must be consistent with waiver requirements related to retention of records. All records and progress notes must be available and accessible to the Supports Coordinator, Supports Coordination Entity, Administrative Entity (AE), the Office of Developmental Programs, and the United States Health and Human Services Department for the full retention period.

Providers shall maintain the following information in electronic form or in paper copy in order to document that service was delivered and a valid invoice or claim was submitted to the AE or PROMISE¹™

- Date(s) of service(s) - date of service as submitted on the bill/invoice.
- Name(s) of individual(s) for which service(s) was (were) provided.
- Documentation that services provided are listed in the approved ISP, and that the ISP services are authorized (i.e., type of service and number of units²).
- Information that substantiates that services listed in the ISP(s) are the services provided and billed (i.e., progress notes).
- When applicable, if multiple staff provides service(s), there should be evidence of staff time to support the invoiced ratio. Staff records and/or time sheets shall provide documentation and substantiate hours worked.

Requirements for Progress Notes

- Progress notes are written reports in paper or electronic form that detail how the provider's support assists the individual to achieve an approved plan outcome and/or how lack of progress in achieving the outcome will be remedied.
- A progress note must be maintained, at minimum, in accordance with the frequency described below:

¹ Additional data elements are required when providers bill through PROMISE™ (i.e., Recipient's MA Number). For more information about PROMISE™, visit <http://www.dpw.state.pa.us/promise/pmappromise.asp>.

² Specifications and guidelines for "units" can be found in MR Bulletin 00-06-04, entitled, "Revised Units For Service Definitions and Procedure Codes for Healthcare and Non-Healthcare Waiver and Base Services", or any approved revisions.

- Activity for intermittent services requires the provider to document a progress note each time non-consecutive services are rendered. Intermittent services are periodic, non-consecutive, approved services. This includes services provided by licensed/skilled professionals such as physical therapy, occupational therapy, speech therapy, as well as habilitation and employment services, that are provided on a periodic basis.
- Activity for non-intermittent services can be supported by a single, monthly note if documentation substantiates that the services were provided within the billing period. Non-intermittent services are continuous, consecutive, approved services. This includes services that are scheduled on a regular basis, such as residential habilitation, prevocational services, and licensed day services.
- Progress notes are required for each calendar month, at minimum, regardless of whether services are intermittent or non-intermittent.
- Documentation of service activity to support each unit is not necessary unless there is a variation from the approved ISP, or the ISP critical revision.
- The ISP Planning Process Participants' Signature Page for the original approved ISP can be utilized in lieu of a signature from the individual for each service and date of service.