

Documentation

I-1 Case File and Documentation Requirements

- a. Records maintained by the ILC must meet the requirements for audits which may be conducted by any federal or state agency.
- b. All activities related to ILC and other providers billable services should specific and noted in the case file.
- c. Each entry in the case file should be signed by the ILC.
- d. Each case file should include the following information:
 - i. The date of the initial referral and assessment;
 - ii. Monitoring visits, as well as contacts, phone calls, home visits, provider contact and reasons for contact;
 - iii. Pertinent facts that include descriptive non-judgmental language;
 - iv. Letters and NOAs with date sent and copies noted;
 - v. Changes of ILC or providers;
 - vi. Client obligation issues or changes in obligation, when applicable;
 - vii. Consumer evaluation and monitoring to assure services are provided according to the Plan of Care;
 - viii. Changes in the POC and formal or informal support systems, with customer approval noted;
 - ix. Review of consumer Choice, Rights and Responsibilities, and satisfaction on an annual basis (or more frequently as needed);
 - x. Received and sent ES-3160s and ES-3161s;
 - xi. Absences from the home;
 - xii. Ongoing assessments of medical conditions;

Documentation

xiii. All referrals made and to whom, including follow-up information;

xiv. Contact with consumer and/or service providers.

(See Section J for information on billing documentation.)

I-2 Notice of Action

- a. Upon authorization of a POC, the ILC should notify the consumer, their legal representatives (if applicable), service providers, and payroll agent of the authorization using the HCBS Notice of Action (NOA) form. *(See Section Q for an example of this form.)*
- b. When there is a change in the consumer's POC, the ILC should send NOAs to the consumer, their legal representatives (if applicable), service providers affected by the change, and the payroll agent. If a change results in any adverse action to the consumer, ten (10) clear days notice must be given before the change is made.
- c. A NOA that is provided to the consumer and relevant parties when the consumer is determined eligible (or redetermined) for HCBS/PD should include:
 - i. Date of the Notice of Action.
 - ii. Consumer's name and address.
 - iii. ILCs name, address, and phone number.
 - iv. Consumer's Medicaid identification number.
 - v. The Plan of Care for HCBS/PD which includes:
 - (1) The type of all services being purchased or provided;
 - (2) The name of all service providers;
 - (3) The effective date of eligibility and period of time eligibility will cover;
 - (4) The unit cost for service.
 - vi. The amount of the consumer's client obligation and the provider to whom payment should be made, if applicable.
 - vii. The comments, message, or explanation of action which includes:

Documentation

- (1) The statement of the intended action.
 - (2) The hours of the services to be received daily or weekly.
 - (3) The names of the persons and service providers copied.
- viii. The specific manual (KMSM or this manual) reference supporting such action.
- ix. The effective date of the intended action.
- x. The signature of the ILC.
- d. A Notice of Action provided when a change in status occurs should include the following:
- i. Date of the Notice of Action
 - ii. Consumer's name and address
 - iii. The ILCs name, address, and phone number
 - iv. Consumer's Medicaid identification number
 - v. The POC which includes the following:
 - (1) The type of all services being purchased or provided affected by the change;
 - (2) The name of all service providers affected by the change;
 - (3) The effective date of the change and period of time eligibility will cover, allowing for ten days for adverse action;
 - (4) The unit cost for service.
 - vi. The amount of the consumer's client obligation and the provider to whom payment should be made, if applicable.
 - vii. The comments, message, or explanation of action which includes:
 - (1) The statement of the intended action and indication that all other services will remain the same;
 - (2) The hours of the services to be received daily or weekly;
 - (3) The names of the persons and service providers copied.
 - viii. The specific manual (KMSM, KEESM, or this manual) reference supporting such action.
 - ix. The effective date of the intended action.
 - x. The signature of the ILC.
 - xi. Examples of changes in status include, but are not limited to the following:

Documentation

- (1) Hospitalization;
 - (2) Admission to and stay in a rehabilitation center for any length of time;
 - (3) Admission to and stay in any type of adult care home for any reason;
 - (4) Additional services that may have been denied;
 - (5) Service transfers to another provider, county or waiver program;
 - (6) An increase or decrease in service;
 - (7) Permanent change in the consumer's ILC.
- e. If the ILC is notified of an interruption in service, they may either send the provider a NOA or call the provider informing them of the break in service. Completion of the NOA or the call to the provider noting with whom the ILC spoke with should be documented in the case file.
- f. Failure of the consumer and/or the ILC to notify Medicaid providers of a consumer's change in status can result in an overpayment to providers and action may be taken by to recoup overpayments.
- g. A Notice of Action provided to an individual determined functionally ineligible should incorporate the following or similar language:
- In order for Medicaid to pay for your home and community based services, you need to meet both the financial and functional (level of care) requirements. This Notice of Action is to advise you that you do not meet the functional (level of care) criteria for Medicaid to pay for your home and community based services. You will receive a separate notice from your SRS Economic and Employment Support Specialist at the local SRS office regarding whether you are eligible for other benefits under the Medicaid program.
- h. All providers who are affected by the action should be notified and sent a copy of the NOA.
- i. A Notice of Action provided to an individual determined ineligible for HCBS/PD services should include the following:
- i. Date of the Notice of Action;
 - ii. The individual's name and address;
 - iii. ILCs name, address, and phone number.
- iv. The comments, message, or explanation of action which includes:
- (1) A statement of the intended action.

Documentation

- (2) The reason for which the individual was determined to be ineligible including:
 - (a) Not a current recipient of SSI, or Medicaid or medical only; or
 - (b) No medical need; or
 - (c) Income exceeds eligibility limits; or
 - (d) Contact with applicant lost; or
 - (e) Applicant withdrew application; and
 - (f) The specific manual reference supporting such action; and
 - (g) The effective date of the intended action, allowing for ten days notice; and
 - (h) The signature of the ILC.

(See Section C-2 for information on the ES-3160 and the ES-3161 and Section Q for examples of these forms.)