

Billing, Documentation Requirements, and Transition to and from Individual Budgets



Impact of Transition on Individual Budgets, Documentation Requirements, Billing and Attendance Reporting

- **Impact of Transition on Individual Budgets**
 - Services Affected on Individual Budgets
 - Exceptions to affected services
 - Authorization of Services from Individual Budget to Contract
- **Web Res/Day Attendance and Billing**
 - Monthly Reporting
 - Corrections
- **Documentation Requirements**
 - Standard Requirements
 - Sample Forms

Transition to Rates

Impact on Individual Budgets and Existing Provider Authorizations

What services currently authorized in Individual Budgets will be affected by the transition to rates in July 2009?

- Supported Employment Services
 - Individual Placement – SEI
 - Group Supported Employment – GSE
- Group Day Services
 - Day Support Options
 - Sheltered Workshops
- Individualized Day Support will not be transitioned at this time. At a future point, Individualized Home Support (previously known as SL or IS Habilitation) provided by an agency will also be included

Impact on Individual Budgets and Existing Provider Authorizations

Will all consumers with a current individual budget authorized for one of the affected services be included in the FY 2010 contract?

- Most consumers with authorized individual budgets that include one of the affected services will be included in the FY 2010 contract. However there are exceptions to this as outlined below:
 - Consumers with two day program types will remain on an individual budget using the existing authorization for these services. The Web-Res/Day attendance reporting system is not ready to include two day program types for the July 2009.
 - Consumers who are authorized for less than five hours per day will continue to use the existing authorization.

Impact on Individual Budgets and Existing Provider Authorizations

Will any consumers on our contract with two day program types or receiving less than five hours a day of a service require an individual budget.

- Consumers with two day program types (example: 2 days per week of DSO and 3 days per week of GSE) or who have less than a five our day will be moved from your contract to an individual budget.

How will we get notified of what FI to bill if any consumers move from our contract to an individual budget?

- An individual budget will be completed for these consumers and you will get an authorization for the services with the FI from the region.

Impact on Individual Budgets and Existing Provider Authorizations

When do we stop billing the fiscal intermediary for consumers who will moving from an an individual budget onto our contract?

- June 2009 is the last billing month for consumers who are moving onto your contract for authorized services currently paid by a Fiscal Intermediary.

How will we know that what we are authorized for these consumers?

- You will receive an authorization for each person from the region with the service type and rate.

Impact on Individual Budgets and Existing Provider Authorizations

How can we be certain that we will get reimbursed for all the people we serve?

- The primary region for each provider is verifying the services for the current consumers on each providers contract and the current consumers authorized through individual budgets.
- You will receive an authorization for every person on your contract with the service and rate. You will also receive an authorization for every new person you support on an individual budget.
- All of the people on your contract will be identified on the Web Res/Day attendance reporting form. If a person on your contract is not on this form you need to contact the Resource Administrator in your region so they can make the correction in out CAMRIS database. This is your assurance that you will be paid for all the people on your contract.

Impact on Individual Budgets and Existing Provider Authorizations

Who do I contact if I have any questions about the transition?

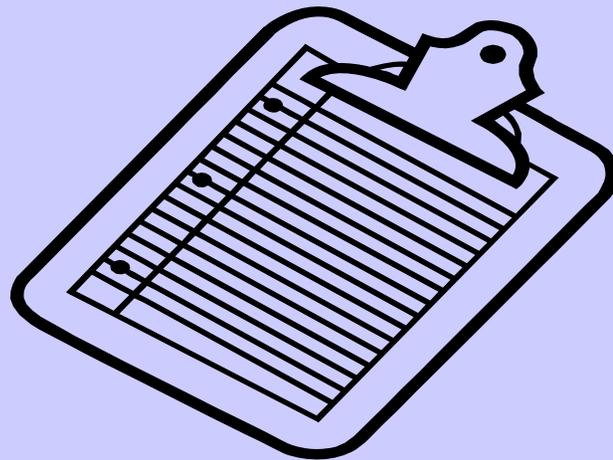
North Region Nancy Stanford (860) 263-2503

South Region Cres Secchiaroli (203) 294-5087

West Region Pat Dillon (203) 805-7431

Electronic Attendance

WebResDay



Roles & Functions

Role	Access	Options	Functionality
User	Public – Entire Region Private – Provider Data	Attendance Reports Corrections	View, Update Attendance Run reports
Supervisor	Public – Entire Region Private – Provider Data	Attendance Reports Corrections	Same as user, also can sign off attendance
Administrator	Public – Entire Region Private – Provider Data	Attendance Reports Corrections Administration	Same as supervisor, also can add & delete users and supervisors
Regional Resource Administrator	All public and private in region	Attendance Reports Corrections Administration	Can sign off corrections
Central Office Reports Reader	All	Reports	Access to all reports

Provider:

Current User: Srinivas Banda Role: User Logout

Program Type:

Program:

Month of:

Display

**This Data Will be Used
for Billing and Payments**

X selection
Makes all date
Boxes

Weekends

	Client	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	SO	UL	Ch
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Return

Sign Off

Save

Please enter DDS Number for Consumer:

DDS Number:

Consumer <Name of the Consumer> found in database

Month of:

Program Type:
[View List of Items Arranged in Alphabetical Order.](#)

Program:
[View List of Items Arranged in Alphabetical Order.](#)

Correction Reason:
[View List of Items Arranged in Alphabetical Order.](#)

Comments:

X	Client	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	SO	UL
<input type="checkbox"/>	Client Name	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																											

- Welcome
- Enter Attendance
- Enter Correction
- Reports**
- MyProfile
- Change Password

Report Name: --Please Select--

- Please Select--
- Attendance Correction
- Comprehensive Waiver Utilization Detail
- Comprehensive Waiver Utilization Summary
- Day Utilization Detail
- Day Utilization Summary
- IFS Waiver Utilization Detail
- IFS Waiver Utilization Summary
- IndividualAudit
- Program Utilization
- Rejected Billing Detail

From the Welcome Screen select Reports from the Left Navigation Bar



Web URL:

<https://www.ddsapp.ct.gov/WebResDay/>

Documentation Requirements



Minimum Requirements for Documentation

Service must be provided in accordance with the consumers Individual Plan. For each service provided documentation includes the date of service, start time and end time of service signature of staff providing service, daily progress note related to the outcomes in the Individual Plan. A six month progress review is also required on the DDS review form.

Documentation and Billing Errors

- *Insufficient documentation* that is not consistent with the consumers Individual Plan and the service type.
- Lack of documentation to support the service on the date billed.
- Errors for billing include incorrect service type, wrong date of service, or incorrect units billed.

Record Keeping for Qualified Providers

Copy of the Individual Service Plan

Service documentation

Provider Service Authorization or approved contract

Provider copies of claims/invoices submitted to DDS or Fiscal Intermediary.

Individual Six Month Progress Report

- As an alternative to team meetings, providers of residential and/or day supports are required to submit a written six month progress review to the case manager **and** other team members prior to the annual plan and six months thereafter
- Individual team members and clinicians should continue to monitor individual's health status and progress on teaching strategies and behavioral plans according to best practice and the person's specific needs.
- Prior to filling out the Individual Progress Review, the provider should review the current individual plan. The provider is responsible to complete the Individual Progress Review on all actions and steps that are identified as the provider's responsibility in IP.5, the Action Plan and IP.6, the Summary of Supports and Services sections of the individual plan.

Six month Review Example #2

Waiver Service(s) (*from IP.6*): Supported Employment Services

Action Plan (*from IP.5*)

#2. Issues or Needs: Jane would like to earn more money for leisure activities

#2. Desired Outcome: Develop work skills, decrease tardiness, and increase wages

Progress made towards Actions and Steps (*Include information about progress, whether steps should continue or be modified*)

A: Jane's job coach was able to support her to find ways to complete her job tasks more efficiently through the use of a job checklist using pictures. Jane's work skills, productivity on the job and wages have increased during the last two months. Her earnings have increased by \$10 a week on average. Jane is more satisfied with her work and reports being able to go out to dinner more often with increased wages.

B: The frequency with which Jane arrives at work tardy has decreased from once a week to less than once a month. She reports she is much happier on the job and looks forward to going to work.

Additional Concerns/Comments:

Recommendations: Continue with current support arrangement. If progress continues, consider future reduction in job coach supports.

Six month Review Example

Waiver Service(s) (from IP.6): Individualized Home Supports (Supported Living)

Action Plan (from IP.5)

#1. Issues or Needs: Jane requires support with healthcare coordination

#1. Desired Outcome: Increase independence in managing health supports

Progress made towards Actions and Steps (Include information about progress, whether steps should continue or be modified)

A: Jane continues to need assistance from staff with scheduling medical appointments. All scheduled appointments were attended and there are no significant medical issues.

B: Staff continue to assist Jane with transportation to medical appointments. Jane is working with staff on increasing independence in this area by taking the Transit Bus.

Additional Concerns/Comments: Staff will accompany Jane on the Transit Bus for the first few trips to ensure she feels comfortable and able to successfully attend appointments. Staff will follow up with Jane on any health concerns identified or recommendations for future appointments.

Recommendations: None at this time

THE SAMPLE CORPORATION

Group Day Support Calendar and Progress Notes

Consumer Name: _____

Individual Plan Outcomes From IP 5:

Outcome # 4 Outcome Increase his vocational endurance.

Outcome # __ Outcome _____

Outcome # __ Outcome _____

Outcome # __ Outcome _____

Monday Activities		Tuesday Activities	Wednesday Activities	Thursday Activities	Friday Activities
Vocational Training Community Outing		Vocational training Social Skills	Vocational Training Physical Fitness	Vocational training Social Skills	Community Job Experience
Date	Service	Progress Note			Staff Signature
5.13.2009	DSO	John participated for two hours in planting seedlings and went for an outing to the local park in the afternoon.			

Sample CT DDS Waiver Bi-Weekly Service Delivery Data for Individual Services

Participant Name					DDS #		
Service Type	Individualized Home Support	Personal Support	Adult Companion	Individualized Day Support	Individual SE	Counseling	Nutrition
Procedure Code	97535	T 1019	S 5135	T 2019	T 2019	S 9484	S 9470

Outcome IP 5 # 2 To increase independence in getting up for work on time

Outcome IP 5 #3 John will learn how to prepare balanced meals at home

Procedure Code	Date	Time In	AM PM	Time Out	AM PM	Progress Note	Staff Signature
97535	5/10/ 2009	7:30	AM	8:45	AM	John was able to use his alarm clock to wake up and was able to catch the bus at 8:45. John was out of bed at 7:30 and needed some prompting to compete his hygiene routine	
97535	5/10/ 2009	5:45	PM	7:30	PM	John followed the menu for Sunday evening. Choosing an appropriate balance of proteins vegetables and carbohydrates. John required some assistance with regulating the coking temperature and the cooking time.	

Individual Services

CONSUMER NAME								Service Type				DDS #		
	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Date														
Outcome #														
Time In														
Time Out														
Subtotal														
Time In														
Time Out														
Subtotal														
Total Units														

Staff Signature _____ Date _____

Outcome # From IP 5	Individual Plan Outcome from IP Section 6	Progress Notes
1.		
2.		
3.		
4.		

Sample CT DDS Waiver Bi-Weekly Service Delivery Data for Individual Services

Participant Name	DDS #

Service Type	Individualized Home Support	Personal Support	Adult Companion	Individualized Day Support	Individual SE	Counseling	Nutrition
Procedure Code	97535	T 1019	S 5135	T 2019	T 2019	S 9484	S 9470

Individual Plan Outcomes From IP 5:

Outcome # 1_ Outcome _____

Outcome # __ Outcome _____

Individual Plan Outcomes From IP 5:

Outcome # __ Outcome _____

Outcome # __ Outcome _____

<u>Outcome #</u>	Date	Time In	AM PM	Time Out	AM PM	Progress Note	Staff Signature