



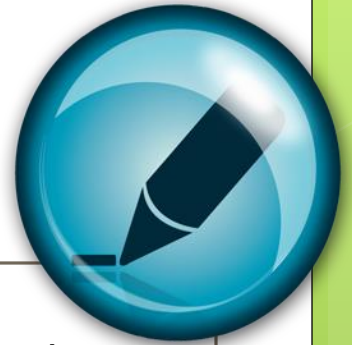
Documentation to Support Medicaid Reimbursement for Health Services on the IEP/IFSP

**Oregon Health Authority
School-Based Health Services**

**Training Provided by:
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Proper Documentation of Medicaid Covered Health Services



Medical professionals in all positions and settings are responsible for maintaining ongoing accurate and complete documentation of the health services they provide.

Record keeping creates and maintains a record of treatment provided to each client. Clear and comprehensive record keeping facilitates communication between care or treatment providers and interdisciplinary team members, protects both clients and providers, justifies the need for treatment, and documents the results of treatment.

When completing documentation to support Medicaid reimbursement for health services identified in a child's IEP/IFSP, the documentation must indicate:



- **who** the child is
- **what** methods/approaches were used to address goals/objectives and what is the therapeutic value of the service provided
- **when** the service was received
- **where** the service was provided
- **why** the service was provided
- **how** much service was delivered
- **results**, change in service plan, progress, or lack thereof

WHO...



- **Child**

- If known, always record the child's legal first and last name
- Never record another child's name in the documentation to support another child's treatment

- **Provider**

- Must sign and/or initial in accordance with licensing board requirements, including their credentials;
- Supervising therapist must review and authenticate each entry in compliance with licensing board requirements (when applicable);
- Indicate names of both the supervising therapist and therapy assistant (when applicable);

- **Group**

- If group therapy is provided, indicate the number in the group

WHAT...



- record the procedure code that best describes the treatment;
- record history taken;
- demonstrate the **therapeutic value** of the treatment;
- identify procedures or test(s) administered;
- clearly identify treatment to be billed to Medicaid from services that are not reimbursable by Medicaid; and
- clearly link the appropriate procedure and ICD-9 codes with the date(s) of service with which it correlates

WHEN...



- Indicate the day, month, and year when the service was provided
- Check the calendar to ensure the date is correct and is not a weekend, holiday, or date the child or service provider was absent
- Document late entries or additions to entries when an omission is discovered, with the following written at the beginning of the entry: “late entry for (date)” or “addendum for (date)”

WHERE...

- Indicate the location where the service was provided (i.e. name of school or home)

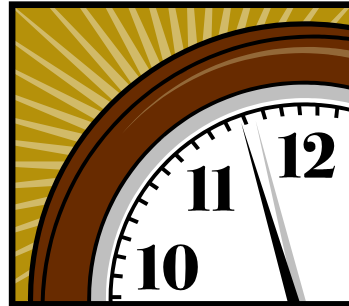


WHY...



- Record the diagnostic (ICD-10) code that best describes the diagnosis, signs or symptoms for why the treatment is provided
- Demonstrate the therapeutic value or reason for treatment
- Demonstrate the relationship between the service provided and the referral or IEP/IFSP goals and objectives

HOW much...



- Indicate the amount of time in minutes the service was provided
- Time that exceeds the amount of service specified on the student's current IEP or IFSP may not be billed to Medicaid
- Time and/or services documented that are not billable to Medicaid must be identified as such (i.e. mark activity as NB for not billable)

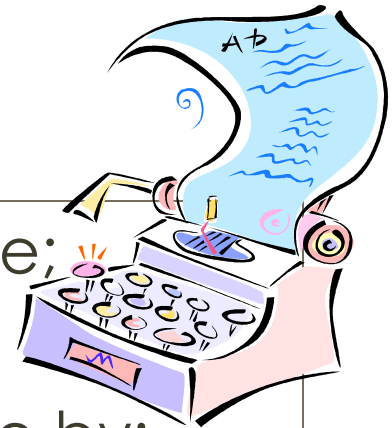
RESULTS...

- Record response to treatment, conclusions, recommendations and progress or lack thereof
- Record results of tests, evaluations, or assessments



Documentation must:

- be accurate, complete, and legible;
- be typed or recorded using ink;
- corrections to entries must be made by:
 - striking out the entry with a single line, which does not obliterate the original entry, or amend the electronic record preserving the original entry; and
 - date and initial the correction





Recommended Documentation Summary

- Demonstrate the relationship of services provided with the IEP/IFSP goals and objectives
- Describe what was attempted when child was present
- Identify how the child responded
- Identify any plans for the next session
- Indicate direction of treatment, change of course, etc.
- Record results, progress or lack thereof

NON-BILLABLE ACTIVITIES



- Travel time by service provider(s)
- Educational workshops/training
- Supervision
- Parent training workshops
- Family therapy
- Recreation/vocational services
- Evaluations unrelated to IDEA eligibility
- Services provided while IEP/IFSP or eligibility has expired
- Completing paperwork, filing, or copying
- Review of records (unless it is part of an assessment or evaluation)
- Report writing (unless it is part of an assessment or evaluation)






Documentation Examples

- Child worked on activities to increase strength and dexterity of upper body, hands and fingers. Worked on writing name and capital letter "B". Worked on small, medium and large concepts and recognition of circle shape.
 - Why ✓
 - What ✓
 - Results ?






Documentation Examples

- /th/ in short words 90% with no model, match game with /th/ worked on auditory practice for target sound
 - Why – What is the therapeutic value? 
 - What 
 - Results 






Documentation Examples

- The student will repeat sentences with 60% accuracy. The student followed sequencing directions with 100% accuracy during a structured language activity. She repeated the sentence of her answer with 46% accuracy on sounds and 68% accuracy on getting all the words in. Alert and motivated, she needs to continue this goal.
 - Why – What is the therapeutic value? 
 - What 
 - Results 







Documentation Examples

- The student will speak in slow fluent sentences. Followed sequential direction with 60% accuracy during structured language activity. Alert and motivated. He needs to continue to work on slow speech and following directions.
 - Why - What is the therapeutic value? 
 - What 
 - Results 



Documentation Examples

- Reviewed last sessions library vocabulary, Worked on telling a 3 part story 3/7, washing the dog, making dinner, getting dressed, needed lots of prompts.
- Why – What is the therapeutic value? 
- What 
- Results  




Documentation Examples

- Produced correct beginning sounds with model 7/8 times and ending sounds 8/11 times during structured speech activity. Alert and motivated, he needs to continue with sound production in words.
- Why – What is the therapeutic value? ❓
- What ✓
- Results ✓






Documentation Examples

- Identified vowel sounds in words accurately. Identified rhyming words all of 3; 100% all of 4; 88% all of 5; 67% during structured listening / sound activity. Alert and motivated. Needs to continue to work on auditory training and sound bombardment.
 - Why – What is the therapeutic value? 
 - What ✓
 - Results ✓






Documentation Examples

- The student has been working on alternating direction of behind back passes and can now do this 20 times. Started working on a three ball juggle independently with balls bounces twice.
 - Why – What is the therapeutic value? 
 - What 
 - Results 







Documentation Examples

- The student completed language activity using correct pronouns. He required cueing for pronoun "they". Needed assistance to give two attributes. Required help with taking turns and talking out.
 - Why – What is the therapeutic value? 
 - What 
 - Results 



Documentation Examples

- SLP followed students lead with objects, then modeled appropriate play ex. he put people around table to eat. He used words: Hi, sleep, go play.
- Why – What is the therapeutic value? 
- What 
- Results  

Summarize



- Using **Who, What, Why, When, Where, How,** and **Results** paints the whole picture and helps to ensure documentation clearly supports treatment provided and billed to Medicaid, as well as the goals and objectives identified on the IEP/IFSP.

QUESTIONS



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