ARRM

HCBS Billing and Documentation Changes

2019 Legislative Session

QUICK
FACTS

Effective

JULY 1, 2019

Payment

PAYMENTS MAY BE RECOVERED IF A PROVIDER DOES NOT MEET THESE STANDARDS

Amending

MN STATUTE 256B.4912

HCBS Documentation Requirements

New service documentation requirements for Home and Community-Based Waivers include:

1. Documentation may be collected and maintained electronically or in paper form by providers.

2. Must be in English and must be legible according to the standard of a reasonable person.

3. If service is hourly, or specified minute-based rate, each documentation must include:
   a. The date the documentation occurred
   b. The day, month and year the service was provided
   c. The start and stop times with a.m. and p.m. designations
   d. The service name or description of the service
   e. The name, signature and title, if any, of the provider of service. If the service is provided by multiple staff a designated staff member can be appointed to verify the service.

4. If the service is reimbursed at a daily rate, documentation must include:
   a. The date the documentation occurred
   b. The day, month and year when the service was provided
   c. The service name or description of the service
   d. The name, signature and title, if any, of the person providing the service. If the service is provided by multiple staff, the provider may designate a staff person responsible for verifying services.

HCBS Equipment Documentation Requirements

In addition to the documentation requirements for Home and Community-Based Services, an equipment supply services provider must document the following:

1. The recipients assessed need for the equipment or supply
2. The reason the equipment or supply is not covered by the Medicaid state plan
3. The type and brand name, including whether the equipment or supply was rented or purchased
4. The quantity
5. The cost

A provider must maintain a copy of the shipping invoice or a delivery service tracking log or other documentation showing the date of delivery that proves the equipment or supply was delivered to the recipient or a receipt if the equipment or supply was purchased by the recipient.

HCBS Billing Requirements

A Home and Community-Based Service is eligible for reimbursement if:

1. The service is provided according to a federally approved waiver plan
2. If applicable, the service is provided on days and times during the days and hours of operation specified on the license
3. The documentation requirements referenced above are complied with

A provider must maintain documentation that, upon employment and annually thereafter, staff providing a service have attested to reviewing and understanding the following statement:
"It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092 and 256B.49."

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ABOUT ARRM

ARRM is an association of providers, businesses and advocates dedicated to leading the advancement of community-based services that support people with disabilities in their pursuit of meaningful lives. We represent 160 providers who employ roughly 30,000 people. They provide supports for thousands of Minnesotans with developmental and physical disabilities, brain injury, mental illness and autism.

Contact ARRM for more information about Home and Community-Based Services that support Minnesotans with disabilities.

For specific questions on ARRM's public policy agenda, contact:

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