

State of Connecticut
Department of Developmental Services
Guidelines for Provider Documentation
September 12, 2011

These guidelines were developed to assist Providers in maintaining the proper documentation to support the delivery of services to participants funded through the Department of Developmental Services (DDS) as defined in the Action Plan (IP.5) of the Individual Plan (IP.) Provider Documentation must be in accordance with the Participant/Individual's Plan (IP,) the Vendor Service Authorization (VSA) or the Contract Service Authorization (CSA,) as well as, in accordance to the State of Connecticut Medicaid Home and Community-Based Waiver requirements, Connecticut State Statute 17a-218(g); and DDS Policies and Procedures.

Providers are required to establish system-wide procedures to accurately account for the provision of supports to each DDS funded participant. Documentation must include information on attendance, the identified supports provided to the Individual and the Individual's progress in achieving his/her person-centered goals. The following three documents are the required sources for Provider Documentation. Agencies can create their own forms for Attendance and Service Documentation. Providers must include the information below to fulfill Federal Regulations, State Statutes and DDS Policies and Procedures.

1. Attendance Documentation for billing: Must include the following...

- Provider Name/Location
- the Individual's Name who is being served
- listed Service Type as defined in the scope of the service as listed in the HCBS Waiver Manual
- Date of Service
- Start Time and End Time of Service Billing Unit for Hourly/ 15 minute or unit increments

Unit increments for each waiver service can be found on the Waiver Services: Code Units and Rates forms which can be found on the DDS Website under "Providers", "Fee for Services Rates",

<http://www.ct.gov/dds/cwp/view.asp?a=3166&q=391042&ddsNav=|>

Provider representatives signs off for the time period of service delivery for those receiving service through a Vendor Service Authorization.

Provider representative signs off in WebResDay for the time period of service delivery for those receiving service through a Contract Service Authorization.

2. Service Documentation:

Residential, Vocational, or non-vocational goal(s) *(as identified on the Individual's Annual Plan (IP) and specifically written on the Action Plan (IP.5))* should drive the service documentation. The following forms are examples of documentation that have been accepted as sufficient data. These forms matched the language of the Goal/Desired Outcome, addressing issues/needs/wants.

(examples of forms matching IP.5 language; included but not limited to and all forms do not have to be present for every person. The minimum requirement is that Provider must have at least one of these for each individual for each date of service).

- Daily Individual or group activity logs
- Daily communication logs
- Daily Production data
- Daily Progress Notes
- Employment data, hours of paid work
- Health/Clinical Data

3. Individual Progress Review (IPR:) (DDS INDIVIDUAL PROGRESS REVIEW FORM MUST BE USED)

- IPR’s must occur at least every 3 months for individuals in CTH’s; IPR’s must occur for all other individuals, every six months.
- IPR’s must be submitted in writing or electronically submitted to the DDS Case Manager.
- IPR’s need to be made available for staff review, the Individual’s Support Team, DDS Case Managers, Quality Reviewers, Auditors and DDS Administrators upon request.
- The IPR must be maintained in the individual’s file at the designated program location.
- Progress on Desired Outcomes and the Action Plan/goals and objectives needs to be reflected within the body of the IPR Form.
- The Provider should recommend in the IPR why this Desired Outcome/Action Plan/goal and/or objective should continue or change.
- If changes or a new need/desire has been identified on the IPR, action steps need to be incorporated into the body of the Action Plan and those steps need to be implemented within 30 days from the date of the IPR.
- Assessments, Screenings, Evaluations and Reports need to be attached to the IPR.

When developing forms for documentation keep in mind:

On the Action Plan of an Individual’s Plan (IP.5,) the Issue/Need/the Desired Outcome/Action Plan should be clearly written on documents that will be used to support billing. The IP.6 must match the waived services and units as defined in a VSA or CSA. Documentation needs to include:

Method of writing measurable goals	Attendance documentation for billing found on the IP.6 and on the VSA or CSA	Service documentation on the IP.5: Action Plan in the IP
Type of Service	Group Supported Employment (GSE)	Mary will be supported by a job coach at work to earn more money (Desired Goal)
Scope of Service	Providing job coaching to Mary who will be hanging clothes on racks in preparation for sales at a store	Mary will tear off the plastic wrap from the bulk clothing and hang each piece of clothing on the rack in the receiving room of the store with verbal reminders from her job coach (Action Plan)
Amount of Service	Over the course of the summer	For the next three months (amount of time)
Frequency of the Service	5 days a week	5 days a week (frequency)
Duration of the service	5.5 hours a day	And remain on-task at least one hour of a 5.5 hour work day (duration)

Staff Training Documentation:

As referenced in the Provider Qualifications and Training Form (IP.7.) Providers and Supporting Staff need to be able to produce documentation that the staff, working with the Individual, has received all required trainings and is aware of the Individual’s Needs and Action Plan. Staff must review the Individual’s Plan (IP,) the LON and all programs and guidelines related to the person. This information must be made available to the Individual’s Support Team, DDS Case Managers, Quality Reviewers, Auditors and DDS Administrators upon request.

Timeframes of Record Keeping:

The State of CT Library advises and DDS Contract Service Authorizations (CSA's) state that documents related to state business need to be accessible for 10 years. Documents related to waiver recipients should be accessible for ten years. Vendor Service Authorizations (VSA's) should be accessible for ten years.

Audits/Reviews of Master Records:

Federal Auditors, State Auditors and/or DDS Central Office Staff/ Administrators can audit files to review Billing and/or Service Documentation. When a DDS Audit occurs, Providers need to provide documentation/records for reviews. This is typically demonstrated through daily notes, the Individual Progress Review and the Individual's Plan.

Please note that Provider Staff may be interviewed to demonstrate knowledge of the Individual's Issues/Needs/Desired Outcome/Goals and Action Plan for achievement.

Resolving Issues:

The Individual Plan is developed and approved by the Team. Should questions or issues arise around the development or implementation of the Individual's Action Plan or LON, the Provider should contact the DDS Case Manager, utilizing the Team process to resolve it. Providers should contact the DDS Case Manager for questions regarding Provider/Vendor Service Authorizations. Should further intervention be necessary, the Provider can contact the Supervisor of Case Management to assist in resolving the issue/concern.

Providers should contact DDS Regional Resource Managers for questions regarding Contract Service Authorizations.