



Mississippi Department of Mental Health

Provider Bulletin

Number PR0079

Subject:

IDD Service Notes for Home and Community Supports and In-Home Respite

Issue Date: June 19, 2018

Effective Date: July 1, 2018

Scope

All DMH certified providers of Home and Community Supports and/or In-Home Respite

Purpose

To revise the IDD Service Note for Home and Community Supports and In-Home Respite to include the signature of the person or responsible party.

Background

The Centers for Medicare and Medicaid Services (CMS) conducted an audit of Home and Community Supports records that included the person/responsible party's signature. With the implementation of the 2016 Record Guide, a signature from the person/responsible party was removed from the Service Note. However, because CMS expects to see a signature verifying service provision, the signature is being included on the attached revised form. The signature will also be required for In-Home Respite.

Subject

The aforementioned audit by CMS has necessitated the addition of the person/responsible party's signature on the IDD Service Note for Home and Community Supports and In-Home Respite. Effective July 1, 2018, the signature of the person/responsible party will be required on the Service Note each time Home and Community Support and/or In-Home Respite services are provided. They must also date the form. "Responsible Party" is someone who is available in the home to verify service provision if the person is unable to do so. A revised form is attached.

This requirement applies ONLY to Home and Community Supports and In-Home Respite Service Notes.

End of Provider Bulletin

IDD Service Notes

Purpose

IDD Service Notes are used to document activities that take place during the provision of services. Documentation must be detailed and specific to each person's Activity Support Plan. Staff activities toward the provision of services must also be documented. Use as many pages as necessary to adequately document the information each day/time services are provided.

General

Indicate the person's name, Medicaid number, the name of the service and the name of the agency providing the service. Document the date of service, the time it begins (using a.m./p.m.), the time it ends (using a.m./p.m.), and the total time spent providing services. Staff providing the service must sign indicating his/her credentials and date the form. **For Home and Community Supports and In-Home Respite, the person/responsible party must sign and date the form. The "responsible party" is someone in the person's home who can verify service provision if the person is unable to do so.**

IDD Service Notes must reflect who, what, when, where, how and why for activities each day/time services are provided. The following must be specifically addressed:

- Activities in which the person chose to participate
- Where all activities occurred (*in the home, in the community*[list the specific location of the activity])
How and why activities were completed (*this relates activities back to the person's Activity Support Plan*)
- What worked well about the activity(ies) and what the person liked
- What did not work well about the activity(ies) and what the person did not like
- Staff activities during the provision of services
- Progress toward meeting stated outcomes

IDD Service Notes must also be used to document the following:

- When supports are not provided according to the Activity Support Plan
- Why a person chose not to participate in an activity
- Unusual events/circumstances
- Why a person is absent on any given day
- Phone calls or interaction with family or other providers/entities on behalf of the person

Service notes can be written or typed. Use as much space as necessary to completely document all activities.

Timelines

IDD Service Notes must be completed the day services are provided and be in the person's record no later than the 10th day of the month following the month service are provided.

IDD Home and Community Supports and In-Home Respite Service Note

Name: _____

Medicaid #: _____

Service: _____

Agency: _____

Date:		Begin Time:		End Time:		Total Time:	
Location(s) of Service:							
Person's Activities				Staff Activities			
(Who, What, When, Where. How & Why)							
Staff Signature/Credentials/Date:				Person/Responsible Party Signature/Date:			

Date:		Begin Time:		End Time:		Total Time:	
Location(s) of Service:							
Person's Activities				Staff Activities			
(Who, What, When, Where. How & Why)							
Staff Signature/Credentials/Date:				Person/Responsible Party Signature/Date:			