

SERVICE PROVIDER BILLING & DOCUMENTATION (Series Part 1)

Coordinated



Family Care

ALL YOU NEED TO KNOW ABOUT... BILLING & DOCUMENTATION

- Introductions - Who's here, let's say hello!

- What will you take away from this series?

Billing: Flex Funds, Medicaid Requirements, Encounter Forms, etc.

Documentation: Individualized Service Plan's, Progress Notes, BioPsychoSocial's (Substance Abuse Component), Treatment Plans, Ba Individualized Service Plan Clinical Summary Templates, Functional Behavioral Assessment's, Child Adaptive Behavioral Summary

Who is your support - what does your Network look like?

BILLING

Coordinated Family Care - Straight from the Business Department

FLEX FUNDING

What are Flex funds?

When do we access these funds?

How are these funds approved/authorized and where do you fit in?

Flex Fund Invoicing...

Flex Fund Payments to providers ...

Joan Lyneis, CFC CFO & Lisa Murray Williams, CFC RDM

EXAMPLE - INVOICE

| YOUR LOGO HERE | | INVOICE | | |
|--|-----------------|--|----------------|------------|
| ABC Therapy 123 Elm Street New Brunswick, NJ 08901 732-555-1212 abctherapy@gmail.com | | Invoice No :100 Date :7/9/2018 Customer ID :ABC12345 | | |
| Coordinated Family Care 30 Silvertine Drive Suite 1 North Brunswick, NJ 08902 (732) 572-3663 | | | | |
| Units | Service | Date | Price per Unit | Line Total |
| 1 | Mentoring-CSA17 | 7/9/2018 | \$30.00 | \$ 30.00 |
| 2 | Mentoring-CSA17 | 7/10/2018 | \$30.00 | \$ 52.50 |
| | | | Subtotal | \$ 82.50 |
| | | | tax-exempt | |
| | | | TOTAL | \$ 82.50 |
| Make all checks payable to ABC Therapy. | | | | |
| THANK YOU FOR YOUR BUSINESS! | | | | |

BILLING

MEDICAID REQUIREMENTS

What is a 3650 Medicaid Number for Children's System of Care youth? What does it cover and what it doesn't...

All about NJ Family Care vs. Families with Private Insurance

What to do if a youth/family has a lapse in health care coverage...

Billing

- Medicaid Billing Requirements: What is your billing practice?
- What kind of safe guards are in place to reduce Medicaid fraud?
- How do you support your staff to ensure the work is being done?
 - What do your quality assurance policies entail?

Randy Pittman, Business Administrator, Caring Family Community Services

BILLING

- Encounter Forms

What is your practice vs What is the reality?



- Medicaid lessons learned...through the years

BILLING

NJ Department of Human Services • Office of Children's Services **CONFIDENTIAL**
Division of Child Behavioral Health Services **Service Delivery Encounter Documentation Form**

Service Encounter 01
Encounter Date: 05/17
Encounter Time: 1:45 PM
Type of Service Delivery Site: Home
Address of Service Delivery Site: 911 4th St, Apt 103, Newark, NJ 07102
Service Delivery Site Phone: (973) 241-1111
Guardian or Responsible Party Name: PARENTS NAME
Relationship to child: SELF
My signature below certifies that services were delivered as indicated at left.

Service Encounter 02
Encounter Date: 05/17
Encounter Time: 1:45 PM
Type of Service Delivery Site: Home
Address of Service Delivery Site: 911 4th St, Apt 103, Newark, NJ 07102
Service Delivery Site Phone: (973) 241-1111
Guardian or Responsible Party Name: PARENTS NAME
Relationship to child: SELF
My signature below certifies that services were delivered as indicated at left.

Service Encounter 03
Encounter Date: 05/17
Encounter Time: 1:45 PM
Type of Service Delivery Site: Home
Address of Service Delivery Site: 911 4th St, Apt 103, Newark, NJ 07102
Service Delivery Site Phone: (973) 241-1111
Guardian or Responsible Party Name: PARENTS NAME
Relationship to child: SELF
My signature below certifies that services were delivered as indicated at left.

Service Encounter 04
Encounter Date: 05/17
Encounter Time: 1:45 PM
Type of Service Delivery Site: Home
Address of Service Delivery Site: 911 4th St, Apt 103, Newark, NJ 07102
Service Delivery Site Phone: (973) 241-1111
Guardian or Responsible Party Name: PARENTS NAME
Relationship to child: SELF
My signature below certifies that services were delivered as indicated at left.

Service Encounter 05
Encounter Date: 05/17
Encounter Time: 1:45 PM
Type of Service Delivery Site: Home
Address of Service Delivery Site: 911 4th St, Apt 103, Newark, NJ 07102
Service Delivery Site Phone: (973) 241-1111
Guardian or Responsible Party Name: PARENTS NAME
Relationship to child: SELF
My signature below certifies that services were delivered as indicated at left.

Service Encounter 06
Encounter Date: 05/17
Encounter Time: 1:45 PM
Type of Service Delivery Site: Home
Address of Service Delivery Site: 911 4th St, Apt 103, Newark, NJ 07102
Service Delivery Site Phone: (973) 241-1111
Guardian or Responsible Party Name: PARENTS NAME
Relationship to child: SELF
My signature below certifies that services were delivered as indicated at left.

1. I authorize the release of any medical or other information necessary to process claims associated with services delivered as documented on this form.
2. I request payment of government benefits after receipt of this form to the party who accepts assignment.
3. I authorize payment of medical benefits to the supplier(s) identified at numbers 13 through 17 on this form for services described on this form.
4. I am fourteen years old or older and certify that I have received services as documented on this form - OR -
5. I am the parent/guardian of a child under the age of fourteen and I certify that the child received services as documented on this form.

Signature: [Signature] Date Signed: 05/17
Side 2 of 2 sides to be completed

DOCUMENTATION

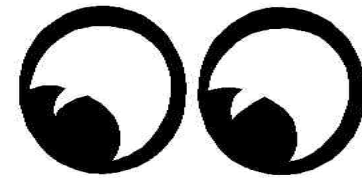
The Care Management Organization perspective:

- ISP's (Individualized Service Plans) - Authorizations, Being part of a CFT, your role, expectations of participation.
- Service Provider Progress Notes - timeline, quality of work, general communication, and working together with the Care Manager

Maryann Amato, CFC Care Manager Supervisor

DOCUMENTATION

- Take a look into the world of Intensive In Community work...
“If it wasn’t written it never happened”



Description of services needed & Timelines for completion

- 1.) BioPsychoSocial’s (possible Substance Abuse Component & For JDC)
- 2.) Treatment Plans & Ba Individualized Service Plans
- 3.) Clinical Summary Templates

Carl E. Robinson, Program Director & Co-founder, Project ‘99

DOCUMENTATION

- New & Creative ways to incorporate technology to get the job done
- Keys to success
- Agencies who have stood the test of time



DOCUMENTATION

Intensive In Home Services

- Functional Behavioral Assessment's

When is this needed? What is the timeline? How can the Care Manager help to complete this assessment?

- Child Adaptive Behavioral Summary

What services are attached to this summary? Authorization and guardian involvement

Share your experiences on how to get it done...

Jennifer Wilson, CFC Operations Manager

EXAMPLES - NOTES

- Tech 1 note: (IIH)
Tech I provided one hour of supervision. Youth worked on "engage in activity" program by identifying shapes and colors on his picture board.
Youth also enjoyed watching his favorite TV show. Tech I did not observe any challenges during the session.
- Tech 1 note:
Youth identified one item on his picture board. Youth only wanted to watch his TV programs this session.
Youth had a behavior and attempted to bite Tech II and hit Tech I. Youth ripped Tech I time sheet. No concern with parent communication.
- Tech 2 note:
- On 6/4/18, when I arrived at the home and entered youth's room he was sitting on the floor in his room. I spoke and he replied Hi, and then took his binder out and sat it on the floor next to him to attempt to engage him right away. He engaged for a short while then reached for his sensory stim items. He engaged with those items for awhile and later got back into his bed. I attempted to once again re engage him into his communications binder and he respond with pictures of cookies and a drink. I explained that he can have that after we work on his communications binder for awhile first, so he did engage for awhile.
- On 6/6/18, today as I entered youths room his aide was signing out, she stated that he had a pretty good day and left. His TV was a little loud so I turned it down and began to speak with him and guided him to work in his binder for awhile. He as usual picked a picture of his cookies and juice. However he also picked up some of the other pictures as well. Pizza, spoon, ABC's to name a few. After awhile I provided him with his preferred snack. The remaining of the evening he enjoyed his TV programs.
- On 6/7/18, youth started off good, but once he did not get the remote control to change his TV program, he had a meltdown. The Tech 1 and I attempt to redirect him however before we could secure him his step mom entered the room and was able to calm him. After being calmed down, he was ok once again and just wanted Sesame Street only, and the evening ended with him listening to the many different songs sang on the TV program.

EXAMPLES - CABS

State of New Jersey - Department of Children and Families

Children's System of Care

Revised Child Adaptive Behavior Summary

Individual Support Services

Individual Support Services assist youth who exhibit behavior challenges when performing Activities of Daily Living (ADLs). Basic ADLs consist of self-care tasks and Instrumental ADLs enable an individual to live independently in the community. An Individual Support Technician must arrange to meet with the parent/legal guardian/custodian and jointly complete the Child Adaptive Behavior Summary (CABS).

* Please note, this revised and abridged CABS will be used for all youth under age 21 requesting Individual Support Services.

The CABS is intended to gather information about the youth's typical functioning within the last 3 months. It should reflect, to the extent possible, how the youth acts and reacts in common daily routines at home, in school, and in the community and provide a broad picture of the impact of the youth's disability on daily life for both the youth and the caregiver.

Please check the box on the CABS that best describes the frequency that the youth does the listed actions or behaviors. Check a box for every listed action or behavior. If you are unable to comment because you have not observed the behavior or believe that it does not apply to the youth, please indicate "not applicable" as appropriate. Write any comments, if needed, at the end of each section, unless indicated otherwise. Comments may include additional information about actions or behaviors such as intensity, triggers, and whether the youth's current functioning is improving or worsening compared to past abilities. The information (score) obtained from the CABS is necessary in the development of the Individual Support Plan.

The completed CABS and Individual Support plan shall be submitted prior to providing the service. All service requests must be reviewed and prior authorized. PerformCare will review the treatment plan and clinical criteria, and generate an authorization for eligible youth. PerformCare will send notification to both the parent/legal guardian/custodian and the provider agency of the services authorized.

EXAMPLES

BK (221491) CABS Reassessment 1/25/18

SECTION I - ACTIVITIES OF DAILY LIVING - BASIC ADLs

Activities of Daily Living are defined as needed skills related to daily self-care activities within an individual's place of residence, in outdoor environments, or both. BASIC ADLs (BADLs) consist of self-care tasks which are necessary for fundamental functioning. Remember to rate the youth's average functioning at home within the last 3 months. You may indicate in the comment section any additional information such as intensity, triggers, and whether the youth's current functioning has improved or gotten worse compared to past abilities.

| EATING | 1 Mostly Independent | 2 Needs Verbal Prompts Less Than Half of the Time | 3 Needs Verbal Prompts More Than Half of the Time | 4 Needs Physical Assistance Less Than Half of the Time | 5 Needs Physical Assistance More Than Half of the Time | Not Applicable (N/A) |
|---|---|---|--|---|---|--------------------------|
| 1. Demonstrates ability to feed self with utensils (use of spoon, fork, knife). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Drinks from a cup or glass (can be using a sippy cup or with a straw). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments/Additional Information: (Must briefly explain any N/A responses) | Youth is currently uses hands to eat independently. Youth can use a fork or spoon at times, but has difficulty using them. Youth is able to drink from a glass or cup regularly. Will sometimes forget to hold the glass leveled when paying attention to something else. Will drop glass on the ground when finished if someone doesn't take it away from him as soon as he is done. | | | | | |

| TOILETING | 1 Mostly Independent | 2 Needs Verbal Prompts Less Than Half of the Time | 3 Needs Verbal Prompts More Than Half of the Time | 4 Needs Physical Assistance Less Than Half of the Time | 5 Needs Physical Assistance More Than Half of the Time | Not Applicable (N/A) |
|--|--|---|--|---|---|-------------------------------------|
| 1. Toilets Self (wipes self with toilet paper and washes hands after toileting). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Identifies when to use toilet. Avoids bladder accidents. Day Time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Identifies when to use toilet. Avoids bowel accidents. Day Time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. (Females) appropriately takes care of menstrual needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Comments/Additional Information: (Must briefly explain any N/A responses) | Youth wears a diaper for toileting. Youth is not currently able to identify when he needs to use the toilet. Worked on toileting for many years, family decided to continue using diapers. Caretaker cleans diaper as needed. Would like to work on toileting. | | | | | |

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| HYGIENE | 1 Mostly Independent | 2 Needs Verbal Prompts Less Than Half of the Time | 3 Needs Verbal Prompts More Than Half of the Time | 4 Needs Physical Assistance Less Than Half of the Time | 5 Needs Physical Assistance More Than Half of the Time | Not Applicable (N/A) |
|--|--|---|--|---|---|--------------------------|
| 1. Turns on/regulates water temperature. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Washes and dries hands and face. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Bathes self in bathtub/shower (uses soap/body wash). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Dries entire body after bathing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Shampoos hair. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Combs/brushes hair. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Brushes own teeth. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Clips/Trims/Files own fingernails/toenails. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Shaves self as needed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments/Additional Information: (Must briefly explain any N/A responses) | Youth does not currently understand the concept of soap, will usually play with the water. Youth is able to dry face and hands using a towel, will place the towel on his hands and face. Father assists youth with showering hand over hand. Father or caretaker brushes youths' teeth. Father clips and trims nails. Father shaves youths' face as needed. | | | | | |
| DRESSING | 1 Mostly Independent | 2 Needs Verbal Prompts Less Than Half of the Time | 3 Needs Verbal Prompts More Than Half of the Time | 4 Needs Physical Assistance Less Than Half of the Time | 5 Needs Physical Assistance More Than Half of the Time | Not Applicable (N/A) |
| 1. Undresses self - (appropriately) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Dresses self completely (shirts, bottoms, eppens, buckles, hooks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Ties laces or fastens Velcro on own shoes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Changes clothing regularly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Selects seasonal clothing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments/Additional Information: (Must briefly explain any N/A responses) | Youth has difficulty dressing and undressing, father or caretaker will dress and undress him accordingly. Father or caretaker selects clothing and dresses youth appropriately according to seasons. Youth wears Velcro shoes which he is able to take off independently, but caretaker will put on and Velcro his shoes. | | | | | |

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Your Universal Agreement/MOU

Coordinated Family Care - Reminders from the Resource Development Department

- Agreements are valid for three years unless otherwise stipulated
- Updated documents from providers are necessary before the expiration of the following: Liability Insurances, Licenses, any Certificates that may require renewal
- If you would like to offer a new line of service other than what is listed as an approved service in your Agreement/MOU, please contact the RDM via e-mail to negotiate your request

Elba Hinestroza, CFC Resource Development Specialist

QUESTIONS & ANSWERS...

- Create your own Network
- Use your resources
- Keep your tool box filled

