

2019 Home and Community-Based Services (HCBS) billing and service documentation requirement legislative changes

The Minnesota Legislature passed the following HCBS billing and service documentation requirement provisions during the 2019 Minnesota Legislative Session that affect Minnesota Health Care Programs (MHCP) providers.

New HCBS billing and service documentation requirements

Effective July 1, 2019, new billing and service documentation requirements are a condition of billing Minnesota Department of Human Services (DHS) for Medicaid reimbursement. DHS may recover payment if these criteria are not met. The provider is eligible for reimbursement only if:

- The service is provided under a federally approved waiver plan.
- The service is provided on days and times specified on the operating license.
- The provider has documentation that staff providing a service have reviewed 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.” Review is required upon employment and annually thereafter.

Effective July 1, 2019, HCBS providers must maintain the following documentation of service delivery:

- Providers maintain and collect readable documentation in English.
- For services reimbursed at an hourly or minute-based rate, the provider documents:
 - The date of the documentation.
 - The day, month and year the service was provided.
 - The start and stop times with a.m. and p.m. designations (except for case management services).
 - Service name or description. (Independent Living Skills training, for example)
 - The name, signature, and title of the person providing the service. If the service is provided by more than one staff, providers may designate one staff member responsible.
- For services reimbursed at a daily rate (not an hourly or minute-based rate), the provider documents:
 - The date of the documentation.
 - The day, month and year the service was provided.
 - Service name or description. (Corporate Adult Foster Care, for example)
 - The name, signature, and title of the person providing the service. If the service is provided by more than one staff, providers may designate one staff member responsible.

Services with additional requirements

Along with the HCBS documentation requirements outlined in the previous paragraphs, the following services have additional documentation and billing requirements.

Waiver Transportation Service documentation and billing requirements

Effective July 1, 2019, a waiver transportation service is not covered if:

- The service is Medical transportation under the Medicaid state plan; or
- It is a component of another waiver service.

Providers must also:

- Maintain odometer and other records to distinguish an individual trip with a specific vehicle and driver when the service is billed directly by the mile.
- Maintain documentation demonstrating the vehicle and driver meet the nonemergency medical transportation service standards in Minnesota Statutes 256B.0625, subdivision 17.

Equipment and Supply documentation requirement

Effective July 1, 2019, an equipment and supply waived services provider must maintain documentation that shows:

- The person's assessed need for the service.
- The reason why the equipment is not covered by Medicaid.
- The cost, quantity, type and brand of the equipment or supply delivered or purchased.
- If the item is rented or purchased.
- The shipping invoice or documentation proving the date of delivery to the person, or receipt if purchased by the person.

Adult Day Service documentation and billing requirements

Effective Aug. 1, 2019, an adult day waived service provider must maintain documentation that shows:

- A needs assessment and current plan of care.
- Attendance records including the date of attendance with the day, month, year and pickup and drop-off time in hours and minutes with a.m. and p.m. designations.
- Monthly and quarterly program requirements.
- Name and qualification of each registered physical therapist, registered nurse and registered dietitian who provides services to the adult day or nonresidential program.
- Location of the service (if alternate location, must document: address, length of time and list of people who went to the alternative location).
- If a provider exceeds its licensed capacity, DHS must recover all MHCP (including Medical Assistance) payments for that date of service.

Reference: HCBS documentation requirements are [Minnesota Statutes 256B.4912](#), subdivisions 11 to 15.