

DOCUMENTATION REQUIREMENTS

Adult Dental Services	<ul style="list-style-type: none"> • An invoice listing each procedure and negotiated cost. • Copy of treatment plan
Behavior Analysis Services	<ul style="list-style-type: none"> • Service logs • Graphic display of acquisition and reduction target behaviors (submitted quarterly) • Behavior analysis service plan (BASP) • Quarterly summary for each quarter in which services were provided. The third quarterly summary also serves as the annual report and must include a summary for the previous quarters. • Copy of assessment report if an assessment was authorized and billed
Behavior Assistant Services	<ul style="list-style-type: none"> • Copy of current BASP that includes a fading plan • Service logs • Quarterly summary for each quarter in which services were provided. The third quarterly summary also serves as the annual report and must include a summary for the previous quarters. • Behavior Assessment
Consumable Medical Supplies/Personal Care Items	<ul style="list-style-type: none"> • Listing of supplies purchased • Prescription when applicable <p>PLEASE NOTE: - All supplies must be related to the recipient's developmental disability; not covered by the Medicaid state plan and meet the definition of medical necessity.</p> <p>. If requesting an exception, include a prescription and statement of how the item is medically necessary, directly related to the developmental disability and why, without the item, the client cannot continue to reside in the community or current placement, from a physician, ARNP or physician assistant.</p>
Dietitian Services	<ul style="list-style-type: none"> • Annual prescription from physician, ARNP or physician assistant that identifies the specific condition for which service is being prescribed. • For nutritional supplements – a dietitian's assessment documenting such need that is updated at least annually. • Progress notes for days service was rendered and billed • Dietary management plan • Quarterly summary for each quarter in which services were provided. The third quarterly summary also serves as the annual report and must include a summary for the previous quarters.
Durable Medical Equipment	<ul style="list-style-type: none"> • Assessment and prescription by a licensed physician, ARNP, PA, physical therapist, or occupational therapist • One bid for items under \$1000

Service	
	<ul style="list-style-type: none"> • Three bids for all items \$1000 and over or documentation to show was efforts were made to secure the three bids. <p>PLEASE NOTE: All supplies shall have direct medical or remedial benefit to the recipient, be related to the recipient's developmental disability, and shall be necessary to prevent institutionalization.</p> <p>If requesting an exception, include a prescription and statement of how the item is medically necessary, directly related to the developmental disability and without which the client cannot continue to reside in the community, from a physician, ARNP or physician assistant.</p>
Environmental Accessibility Adaptations	<ul style="list-style-type: none"> • Original prescription for adaptations and medical equipment • An assessment documenting how the specific EAA is medically necessary and is a critical health and safety need, how it is directly related to the recipient's developmental disability, how it is directly related to accessibility issues within the home, and how, without the identified EAA, the recipient cannot continue to reside in the current residence. • Documentation of approval from landlord, if home is rented • One bid for EAA costing under \$1000 • Two bids for EAA costing between \$1000 and \$3499 • Three bids for EAA costing \$3500 and over.
Life Skills Development-Level 1 (Companion)	<ul style="list-style-type: none"> • Service logs
Life Skills Development-Level 2 (Supported Employment)	<ul style="list-style-type: none"> • Documentation that client has already exhausted resources through the Division of Vocational Rehabilitation. • Quarterly summary for each quarter of the support plan year, or monthly summaries if the provider chooses to do a monthly summary each month rather than a quarterly summary.
Life Skills Development-Level 3 (Adult Day Training)	<ul style="list-style-type: none"> • Documentation to support the requested ratio • Quarterly summary for each quarter of the support plan year. The third quarterly summary also serves as the annual report and must include a summary of the previous three quarters. Monthly summaries if the provider chooses to do a monthly summary each month rather than a quarterly summary. • Implementation plan documenting progress toward achieving the goal(s).
Occupational Therapy	<ul style="list-style-type: none"> • Current prescription by a physician, ARNP or physician assistant • Current occupational therapy assessment • Daily progress notes for days service was rendered and billed • Quarterly summary for each quarter in which services were provided. The third quarterly summary also serves as the annual report and must include a summary of the previous quarters

Service	
Personal Emergency Response Systems	<ul style="list-style-type: none"> • Documentation to support that recipient lives alone or is alone for significant parts of the day and has no regular caregiver for extended periods of time, and otherwise requires extensive routine supervision.
Personal Supports	<ul style="list-style-type: none"> • Copy of service logs
Physical Therapy	<ul style="list-style-type: none"> • Current prescription by a physician, ARNP or physician assistant • Current physical therapy assessment • Daily progress notes for days service was rendered and billed • Quarterly summary for each quarter in which services were provided. The third quarterly summary also serves as the annual report and must include a summary of the previous quarters
Private Duty Nursing	<ul style="list-style-type: none"> • Current prescription by a physician, ARNP or physician assistant • Nursing care plan with annual updates • Daily progress notes for days service was rendered and billed • Documentation that recipient requires active nursing interventions on a continuous basis for over two consecutive hours per episode.
Residential Habilitation / Behavior Focus	<ul style="list-style-type: none"> • An implementation plan documenting progress toward achieving the goal(s). • Quarterly summary for each quarter in which services were provided. The third quarterly summary also serves as the annual report and must include a summary of the previous quarters • Copy of APD approved instrument (BASE) by the APD regional behavior analyst or designee that a recipient requires residential habilitation services with a behavioral focus.
Residential Habilitation/Intensive Behavior	<ul style="list-style-type: none"> • Approval by the APD regional behavior analyst or designee (BASE) • Global Behavioral Service need Matrix (IB Matrix) • An implementation plan documenting progress toward achieving the goal(s). • Quarterly summary for each quarter in which services were provided. The third quarterly summary also serves as the annual report and must include a summary of the previous quarters
Residential Habilitation/Standard	<ul style="list-style-type: none"> • An implementation plan documenting progress toward achieving the goal(s). • Quarterly summary for each quarter in which services were provided. The third quarterly summary also serves as the annual report and must include a summary of the previous quarters
Residential Nursing Services	<ul style="list-style-type: none"> • Current prescription by a physician, ARNP or physician assistant • Documentation that recipient requires continuous nursing care for a duration of over three consecutive hours • Nursing care plan with annual updates • Daily progress notes for days service was rendered and billed • Nursing assessment • Monthly summary, which includes details regarding health status, medication, treatments, medical appointments and other relevant information
Respiratory Therapy	<ul style="list-style-type: none"> • Current prescription by a physician, ARNP or physician assistant • Current physical therapy assessment • Daily progress notes for days service was rendered and billed

Service	
	<ul style="list-style-type: none"> Quarterly summary for each quarter in which services were provided. The third quarterly summary also serves as the annual report and must include a summary of the previous quarters
Respite	<ul style="list-style-type: none"> If provided by a licensed nurse, a prescription from a physician, ARNP, or PA Service logs
Skilled Nursing	<ul style="list-style-type: none"> Current prescription by a physician, ARNP or physician assistant. Documentation that recipient requires part-time or intermittent nursing care visits on a daily basis. Nursing care plan with annual updates Daily progress note for dates of service rendered Monthly summary which includes details regarding health status, medication, treatments, medical appointments and other relevant information Exception letter from AHCA (if applicable)
Special Medical Home Care	<ul style="list-style-type: none"> Service logs Nursing care plan Nursing assessment Authorization by APD state office nursing staff
Specialized Mental Health Counseling	<ul style="list-style-type: none"> Daily progress note for dates of service rendered Monthly summary note Assessment and treatment plan
Speech Therapy	<ul style="list-style-type: none"> Current prescription by a physician, ARNP or physician assistant Current physical therapy assessment Daily progress notes for days service was rendered and billed Quarterly summary for each quarter in which services were provided. The third quarterly summary also serves as the annual report and must include a summary of the previous quarters
Supported Living Coaching	<ul style="list-style-type: none"> Daily progress notes for the dates of service billed which includes documentation of activities, supports and contacts with the recipient, other providers, and agencies with dates and times, and a summary of support provided during the contact, any follow-up needed and progress toward achievement of support plan goals. An implementation plan documenting progress toward achieving the goal(s). Quarterly summary of each quarter in the support plan year. The third quarterly summary also services as the annual report and must include a summary of the previous quarters.
Transportation Services	<ul style="list-style-type: none"> Documentation that recipient requires transportation to a community-based waiver service.

Service	
All submissions regardless of category	<ul style="list-style-type: none"> • A cost plan proposal that reflects the specific waiver services and supports paid (through SAN system) and unpaid (in updated support plan) that will assist the individual to achieve identified goals. • An explanation of why additional funding is needed • Documentation of attempts to locate natural or community supports, third-party payers, or other sources of support to meet the individual's health and safety needs.
Increase/Onset of Behaviors	<ul style="list-style-type: none"> • Psychological assessments • Psychiatric reports • Baker Act admission and discharge summaries for last 12 months. • Behavior assessments, plans and data for last 12 months. • Incident Reports, police reports regarding behaviors for last 12 months. • If school-aged, current IEP, school behavior plan and data • If under 21 – describe behavior services accessed or attempted through Medicaid State Plan. • Behavior Summary Report from the ABA
Complex Medical Condition that requires active intervention by a licensed nurse on an ongoing bases	<ul style="list-style-type: none"> • Documentation from physician or others that supports situation • Prescription by physician, ARNP or physician assistant • List of specific duties to be performed • Nursing care plan (if applicable) • Skilled Nursing Exception Process (if applicable)
Chronic Comorbid Condition	<ul style="list-style-type: none"> • Documentation from physician or others that supports the medically necessary situation.
Total Physical Assistance (with eating, bathing, toileting, grooming, personal hygiene, lifting, transferring, ambulation)	<ul style="list-style-type: none"> • Updated QSI • Documentation from caregivers
One Time or Temporary	<ol style="list-style-type: none"> 1. Environmental Modifications <ul style="list-style-type: none"> • Landlord approval if home is rented • Ownership documentation of home by client or family • Bids per Handbook • Home Accessibility Assessment if over \$3500 • Documentation of how modification would ameliorate the need

Service	
	<p>2. Durable Medical Equipment</p> <ul style="list-style-type: none"> • Prescription and recommendation by physician, ARNP, physician assistant, PT or OT • Documentation that durable medical equipment used by the client has reached the end of its useful life or is damaged, or the client's functional or physical status has changed enough to require the use of waiver-funded durable medical equipment that has not previously been used. • Three bids for items costing \$1000 and over <p>3. Temporary Loss of Support from Caregiver</p> <ul style="list-style-type: none"> • Description of why caregiver can no longer provide care • Age and medical diagnoses of caregivers • Documentation from doctor(s) regarding caregiver(s) ability to provide care. <p>4. Special services or treatment for a serious temporary condition when the service or treatment is expected to ameliorate the underlying condition (fewer than 12 continuous months)</p>
<p>Significant increase in need for services after beginning of the service plan year that would place the health and safety of the client, caregiver, or public in serious jeopardy because of substantial changes in the client's circumstances,</p>	<p>1. Permanent or long-term loss or incapacity of a caregiver</p> <ul style="list-style-type: none"> • Description of why caregiver can no longer provide care • Age and medical diagnoses of caregivers • Documentation from doctor(s) regarding caregiver(s) ability to provide care. <p>2. Loss of Medicaid state plan services due to age</p> <ul style="list-style-type: none"> • Medicaid Prior Service Authorization • Documentation that other caregivers are not available <p>3. Significant change in medical or functional status which requires provision of additional services that cannot be accommodated within current budget.</p>
<p>CDC+ Participants</p>	<ul style="list-style-type: none"> • Current approved Purchasing Plan • Documentation of efforts made to adjust within Purchasing Plan <p>Explanation of items in Savings and how adjusted or why not</p>