

Development of Quarterlies, Annuals and Documenting Medical Necessity

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Overview

- Quarterlies
- Annuals
- Medical Necessity & Justification
- Document Review

Quarterly Summary

A written summary compiled by the provider of the activities that took place during each quarter, including the recipient's progress toward achieving support plan goals and for the Medicaid waiver services billed during in that quarter. Monthly summaries can replace quarterly summaries. The third quarterly summary is the annual report.

Quarterly Summary

Each Quarterly (Monthly) Summary should include:
Description of the person's progress, or lack thereof,
toward achieving each of the goals/outcomes identified
on the Support Plan specific to the service description of the
activities that took place during each quarter (month) of the
Support Plan year that services were rendered.

Quarterly Summary

Quarterly summaries should also include:

- social activities, special events;
- medical appointments, hospitalizations, medication changes;
- Support Plan meetings, Implementation Plan meetings;
- family activities/visits, celebrating achievement of a significant milestone(s);
- updates on any unresolved issues reported on a previous quarterly, etc.

Annual Report


A report of the supports and services received by a recipient throughout the year, a description of progress toward meeting individually determined goals, and any pertinent information about significant events that occurred in the recipient's life during the previous year.



Annual Report

An annual report must be submitted to the WSC 60 days prior to the support plan's effective date (or 10 months past the effective date of the current support plan) to allow time for the WSC to include any pertinent information in the support plan. The third quarterly summary can serve as the annual report. For those providers completing monthly summaries the ninth monthly summary serves as the annual report. The WSC is responsible for providing this report to the recipient or legal representative.

Annual Report

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The Third Quarterly Summary or Ninth Monthly Summary may serve as the Annual Report when a summary of the previous three quarters (nine months) is included.

Annual Report

Description of the person's progress, or lack thereof, towards achieving personally determined goals/outcomes identified on the Support Plan specific to the service rendered. Any pertinent information about significant events that occurred in the person's life during the previous year.

Annual Report

Examples of “any pertinent information about significant events that occurred in the person’s life during the previous year” will vary by person and could include but not be limited to major milestone achieved, significant event in the person’s personal or social life that may have influenced daily activities positive or negatively, significant health event (hospitalization, surgery, injury or improvement in health), change in residence/roommate, etc.

Due Dates

- Quarterly/ Monthly: prior to or within 10 days of billing for the last month of the quarter or the previous month
- Annual: At least 60 days prior to the effective date of the Support Plan.
- If the provider rendered services to the person for less than 12 months, the Annual Report would cover all months since services were initiated.

Annual and Quarterly Reports

Your annuals and quarterlies should also provide justification for medical necessity.

Do not rely on other service providers to justify your service.

Medical Necessity

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program and not experimental or investigational;

Medical Necessity

1. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
2. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

Service Level Descriptors

Rate descriptors are from the QSI


- Life Changes
- Community Inclusion
- Functional
- Behavioral
- Physical

**Review
Michelle's
Annual**

Descriptors: Res-hab

Res-hab descriptors are located at the end of the rate table. It outlines the needs of a typical client who receives that level of staffing. The descriptors are defined by QSI answers.

- Review:
 - Descriptor breakdown
 - Rate sheet
 - IB Matrix

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ADT Descriptors 1:10

- Individual is independent or requires minimal assistance.



ADT Descriptors 1:5

- Routinely requires prompts, supervision, and physical assistance to perform basic personal care tasks such as eating, bathing, toileting, grooming, transitioning, and personal hygiene as identified in the current abilities section of the QSI.
- Is on a behavior services plan that is implemented by the ADT provider and requires visual supervision during all waking hours and occasional intervention as determined by a certified behavior analyst. The recipient does not have to live in a licensed residential facility.

ADT Descriptors 1:3

- Requires an intense level of personal care support services (which include assistance with eating, positioning, assistance with lifting, or total physical assistance as indicated on the Questionnaire for Situational Information (QSI)).
- Is on a behavior services plan that is implemented by the ADT provider, and exhibits the characteristics required for behavior focus residential habilitation services as outlined in the handbook and as determined by a certified behavior analyst. The recipient is not required to live in a licensed residential facility.

ADT Descriptors 1:1

A recipient who is on a behavior services plan that is implemented by the ADT provider and who exhibits the characteristics required for intensive behavior residential habilitation services as outlined in this handbook and as determined by a certified behavior analyst. The need for this level of supervision must be verified in writing by the APD regional office local review committee (LRC) chairperson. The recipient is not required to live in a licensed residential facility. The behavior services plan and its effects on the behavior must be reviewed on a regular schedule as determined appropriate by the LRC chairperson.

Documentation Basics

- Know the requirements
- Know your audience
- Keep it simple and obvious
- Meet Medical Necessity
- *Review document samples*

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Questions

Questions?