



COMMUNITY MENTAL HEALTH ADMINISTRATION

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Mark A. Hackel
County Executive

MEMORANDUM

TO: Directly-Operated Providers, Contracted Network Providers, Self-Determined Employers of Record Utilizing the Direct Hire Employment Model

FROM: Laura Manza, Self-Determination Administrator
Kimberly Cope, Compliance Officer

DATE: October 18, 2018

RE: Maintaining Documentation Integrity in Delivery of CLS and Respite Services through Self-Determination / Corrections to Time Sheets

John L. Kinch
Executive Director

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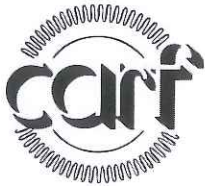
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This Memorandum follows the issuance of the June 9, 2016 Memorandum from Laura Manza, Self-Determination Administrator, regarding corrections to time sheets/service notes for delivery of CLS and Respite through the Direct Employment Model of self-determination. This Memorandum provides clarification and supplemental information as well as renews and confirms the content of the June 9, 2016 document. This Memorandum, therefore, should be read in conjunction with the June 9, 2016 issuance, which is attached to this document, and incorporated by reference (Attachment A).

1. In the last year, new time sheets/service notes were created and are now in full circulation (Attachment B). The content is consistent with Medicaid documentation requirements if completed correctly and in its entirety.
2. The Fiscal Intermediary is required to pay all correctly documented claims contained on each time sheet/service note submitted.
3. The Primary Case Holder shall be responsible for assessing a person's ability to be successful under the desired model of self-determination prior to requesting authorizations.
 - a. The Primary Case Holder uses their clinical skills and judgment by assessing supports needed for successful implementation of the particular SD arrangement;
 - b. In performing an evaluation of a person's support needs the Primary Case Holder considers, discusses and documents:
 - The person's desires and preferences
 - The person's ability to manage as Employer of Record (EOR)
 - The ability of the person's natural supports (guardian, friends and family) to manage employer duties for the person



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- Evidence that a particular arrangement would pose a significant risk
 - Evidence that risk factors can, or cannot, be balanced with available support
 - Factors that impinge on or assist the potential success of the arrangement
- c. An evaluation that evidences multiple support needs may result in a finding that the person will be more successful using an Agency with Choice Employment Model or Purchase of Services Model over the Direct Hire Employment Model.
4. When a Fiscal Intermediary has concerns about the ability of an EOR to successfully submit clean claims using a Direct Employment Model of self-determination, it should share those concerns with the Primary Case Holder. The Primary Case Holder must take steps to address the concerns and provide support, as applicable, including but not limited to providing additional training on CLS and Respite Medicaid documentation requirements, conducting another assessment of needed supports, and/or switching to another self-determination model. The Primary Case Holder shall document their efforts.
5. A Fiscal Intermediary may choose to discontinue as the Fiscal Intermediary of choice when repeated attempts to provide support are not successful, and the EOR is at risk of harm, including financial harm.
6. The time sheet/service note is a clinical document. Therefore, the EOR must abide by MI Penal Code 750.492a(4) when supplementing information or correcting an error to a time sheet/service note prior to verification and submission to the Fiscal Intermediary. This law states:
- a. Supplementation of information or correction of an error in a clinical document shall be done “in a manner that reasonably discloses that the supplementation or correction was performed and that does not conceal or alter prior entries.” Doing otherwise will subject the person to penalties that include fines, imprisonment or both.
 - b. To supplement or correct the document, the person shall:
 - Draw one horizontal line through the word or words which are in error
 - Write the word “error” above the error
 - Write the correct words to the right of the error
 - Initial the upper right-hand corner

Cc: Business Management
Internal Services
Contract provider communication file



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Mark A. Hackel
County Executive

July 25, 2016

John L. Kinch
Executive Director

TO: Employers of Record Using Self-Determination Arrangements (via FIs)
MCCMH Supports Coordination and Case Management Agencies (via email)
MCCMH Fiscal Intermediaries (via email)

BOARD OF DIRECTORS
Ken DeBeaussart
Chairperson

FROM: *LM* Laura Manza, MCCMH Self-Determination Administrator

Joan Flynn
Vice-Chairperson

SUBJECT: Notification: Submission of False Service Notes/Time Sheets

Linda K. Busch
Secretary-Treasurer

In accordance with Medicaid regulation and generally accepted standards for clinical documentation, employers of record using self-determination arrangements who directly hire staff shall ensure that employees document only services actually delivered and submit only proper claims to the fiscal intermediary.

Marilyn Brown
Louis J. Burdi
Nick Ciaramitaro
Susan Doherty
Bary J. Gross, D.O.
Brian Negovan
Elisabeth M. Sierawski
Kathy Tocco
Kathy D. Vosburg

The self-determination service note/time sheet shall be signed by the employee who provided the service and the employer of record. The signature of the employer of record acts as verification that services documented were delivered as noted. Prior to signing, and before submission to the fiscal intermediary, the employer of record shall verify that the content of the service note/time sheet is true and correct.

Corrections to service notes/time sheets shall be made before submission to the fiscal intermediary. If corrections are needed, the employer of record shall abide by MCCMH MCO Policy 2-010:



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1. Draw one horizontal line through the word or words which are in error.
2. Above the error write the word "error" and initial it at its upper right-hand corner.
3. Write the correct word or words to the right of the error.

Once submitted to the fiscal intermediary, the employer of record may not alter the documentation.

Individuals enrolled in Children's Waiver shall ensure that the corresponding data sheet matches the description and time frames noted on the service note/time sheet



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prior to submission to the fiscal intermediary. If the technical elements of the data sheet and service note/time sheet (ex., units, time in/out, dates of services) are not consistent with each other, the employee may not be paid using Medicaid dollars.

In the event that service claims submitted to the fiscal intermediary cannot be reimbursed by Medicaid because the claim is improper, the employer of record is responsible to pay staff out of pocket for the hours the employee worked, but that cannot be paid out with Medicaid dollars.

Examples of improper claims include:

- Billing for services that an employee did not render;
- Billing for services that are not authorized under the employer's individual plan of service;
- Billing for services in an amount, scope and duration that exceeds that authorized under the employer's individual plan of service;
- For children's waiver enrollees, failure of the service note/time sheet to match the corresponding data sheet;
- Poor or no documentation describing the services rendered;
- Paying staff with a prohibited conflict of interest (for example, paying a CLS staff who is the guardian, or the spouse of the guardian.);
- Paying staff who are not trained pursuant to state and federal regulations.

Submitting false documentation is considered a compliance violation, and could result in a substantiated Medicaid compliance investigation being issued against the employer of record. If an employee was paid with Medicaid dollars and a compliance investigation later substantiates that the claim constitutes fraud, waste or abuse, the employer of record shall be responsible to reimburse MCCMH. This is because submitting a service note/time sheet to the fiscal intermediary is submitting a bill with the Federal Government and certifying employees earned the payment requested and complied with Medicaid billing requirements. If an employer of record knew or should have known the submitted claim was false, then the attempt to pay employees constitutes a violation.

It is recommended that employers of record using self-determination arrangements:

- Keep accurate and complete records and documentation of the services provided by employees;
- Understand the content of the individual plan of service, including the goals and objectives and the amount, scope and duration of the services to

- be delivered through self-determination;
- Keep track of service utilization by paying attention to the monthly budget reports received from the fiscal intermediary;
- Accurately track employee training and repeat training to ensure that staff remain fully qualified throughout the period of employment.

Failure to abide by Medicaid documentation requirements shall have a negative impact on an employer of record's ability to continue to directly hire staff through self-determination arrangements.

