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Claim and Service Documentation

for Programs funded by the Office of Developmental Programs (ODP)

Overview

November 20, 2026

Objectives

- Identify the intent of Bulletin 00-26-04 and attachments
- Describe the relationship between claims documentation and service documentation
- Identify the purpose, information needed, and differences in Service Notes and Progress Notes
- Highlight clarifications in the newly published bulletin
- Identify benefits of provider checks and balances
- Enhance compliance with federal and state regulations

Billing vs Claim Documentation

- The focus of Bulletin 00-26-04 and of today's webinar is service and claim documentation

- "Billing" questions will be recorded and passed along to ODP's fiscal bureau. Some examples of "billing" questions are clarifications on what activities are billable, how to submit claims in PROMISe, etc.

Purpose of Bulletin 00-26-04

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- Bulletin 00-26-04 replaces 00-22-03
- **Update and clarify** guidance on the documentation needed to substantiate a claim and guidance on the service documentation processes.
- Updates and clarifications are based on:
  - Changes to waivers and program requirements
    - Implementation of new rate structure for ID/A Supports Coordination and Targeted Support Management
    - Implementation of new services
  - Lessons learned through monitoring of claim and service documentation

Fundamentally, the guidance in Bulletin 00-26-04 is not different than the guidance that was released in 2022 with Bulletin 00-22-03.

Technical Guides

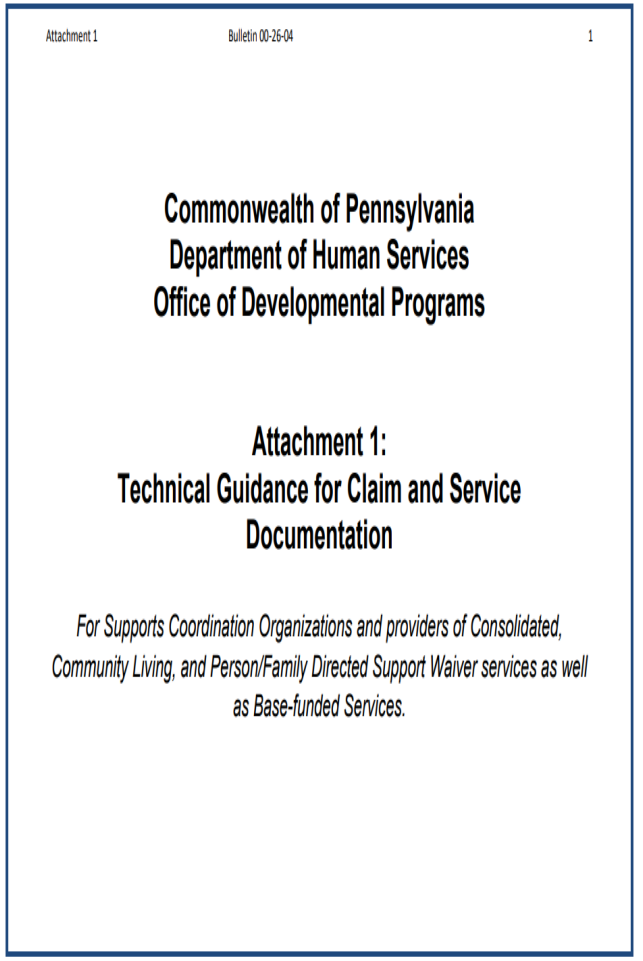
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The *Technical Guidance for Claim and Service Documentation* provides specific guidance on the documentation that must be kept for each service to support a claim and to document service delivery.

Attachment 1:
For Supports Coordination Organizations and providers of Consolidated, Community Living, and Person/Family Directed Support Waiver services as well as Base-funded Services.

Attachment 2:
For providers of services in the Adult Autism Waiver (including Supports Coordination)

These attachments apply to services rendered by providers and SCOs that have enrolled directly with ODP, organized health care delivery systems, and services delivered through both self-directed services models, Agency with Choice and Vendor Fiscal/Employer Agent.


Attachment 1 Bulletin 00-26-04 1

Commonwealth of Pennsylvania
Department of Human Services
Office of Developmental Programs

Attachment 1:
Technical Guidance for Claim and Service Documentation

For Supports Coordination Organizations and providers of Consolidated, Community Living, and Person/Family Directed Support Waiver services as well as Base-funded Services.

How to Use the Technical Guide

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The Technical Guide is divided into three columns

Service	Required Elements of Service Notes and/or Claim Documentation	Progress Notes & Other Required Documentation

Column 1: Identifies the name of the service.

Column 2: Specifies the required content of service notes, invoices, receipts, mileage logs, etc. that are used to substantiate billing for a service.

Column 3: Specifies whether progress notes are required and other documentation requirements that need to be completed.

Bulletin and Technical Guide

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- To fully understand the requirements and expectations of claim and service documentation, the Technical Guide must be used **in conjunction with** Bulletin 00-26-04.

- For example: The content of the service notes are listed in column 2 of the Technical Guide. However, each element is further defined, and examples of acceptable documentation are included starting on page 3 of the bulletin.

Part 1
Claim Documentation
Service Notes

Purpose of Service Notes - 1

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Service Notes Are Important Because:

- They provide a record that services have been delivered in accordance with the individual's ISP.
- The Centers for Medicare and Medicaid Services (CMS) requirements that providers must maintain the documentation used to generate a claim. If the provider does not have this documentation, the claim is not eligible for federal funding.
- Pennsylvania regulations require documentation that verifies the delivery of the service and supports payment of claims.
  - 55 Pa. Code Chapter 1101 (for participation in a Medical Assistance program).
  - 55 Pa. Code Chapter 6100 (services for individuals with an intellectual disability or autism).

Purpose of Service Notes - 2

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Service Notes Are Important Because

- They demonstrate whether service delivery meets the individual's needs and supports their preferences, outcomes, and goals.

- Providers can use service notes to support the delivery of quality services by:
  - Determining what works well and avoiding what does not work well,
  - Identifying changes needed to the ISP, and
  - Tracking progress over time which can be reflected in Progress Notes.

New Service Note Clarifications

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- The provider's **full name** or MPI must be included on service notes.
  - Service notes sometimes list partial provider names or acronyms which make it difficult for ODP to connect the service note to an enrolled and qualified provider.

- Services delivered in a facility-based setting or if there is a staff ratio greater than 1:1, the names of all professionals who delivered services must be documented in the service note.
  - Providers were previously allowed to submit supporting documentation. Based on monitoring, providers either do not have this supporting documentation or it is difficult to connect the professionals to service delivery for specific individuals.

- Service notes must indicate the general names of locations in the community where services were delivered such as the name of a restaurant, park, or community activity. Documenting "community" or "other" does not meet this requirement.

Who completes a Service Note?

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Completed by the professional providing the service

Exceptions:

- **For facility-based or residential settings:** a supervisor or program specialist can complete the service note based on their observations of service delivery and staff reports about the activities that were provided to or on behalf of the individual.

- **For a 2:1 staff-to-individual ratio:** only one of the professionals rendering the service needs to complete the service note.

Example

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This is an example of how **part** of a Service Note could look when the professionals rendering the service are different from the person completing the Service Note.

Service Note for Residential Habilitation
Individual First and Last Name: **Derek Garcia**
Provider MPI: **012345001**
Date of Service Delivery: **September 19, 2026**
Name of Professional(s) Delivering Service: **Rachel Brown, Chris Miller, Carlos Silva**
Name of Person Completing Service Note if Different from Professionals Delivering Service: **Olivia Williams**
Signature of Person Completing the Service Note: *Olivia Williams*
Date Service Note Was Completed and Signed: **9/19/26**

When are Service Notes Completed?

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Service Notes are completed on the same day the service is delivered, typically during or immediately after the provision of service.

Exceptions for extraordinary circumstances or emergencies when a service note cannot be completed on the same day:

- Document why the exception is necessary and include the documentation with the Service Note
- Ensure completion as soon as possible

Service Notes for 15-Minute or Hour Units

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Completed for each continuous span of units.

- A “continuous span of units” is the provision of a service by the same staff person that is not stopped or discontinued.

Example: A staff person provides In-Home and Community Support or SSD:Community Support from 8am to 1pm. One Service Note can be completed by the staff person describing what was done during those 5 hours.

A new Service Note must be completed when there is:

- An interruption of service
- A change in professional(s) providing the service within the same calendar day*

*Exception for CPS/Day Habilitation outlined in Technical Guide

Multiple Services in 1 Service Note Document

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This is applicable for 15 minute or hour unit services:

- If an individual is receiving **multiple services throughout the day** and the services are **rendered by the same professional**, service notes may be entered in the same document or form if all required information is included for each service.

Service Note for XYZ Provider
Individual First and Last Name: **Jessica Smith**
Provider MPI: **011223001**
Date of Service Delivery: **October 3, 2026**
Name of Professional(s) Delivering Service: **Elizabeth Johnson**
Signature of Person Completing the Service Note: *Elizabeth Johnson*
Date Service Note Was Completed and Signed: **10/3/26**
Service Provided: **In-Home and Community Support 1:1**
Time Service Provided: **8:00 am to 10:00 am**
Place(s) Service Provided: **Jessica's home**
Description of Service Activities: **Helped Jessica work on fine motor skill exercises which included skills needed to brush teeth, wash face, comb hair and get dressed. Worked on using phone app that provides video steps to make muffins for breakfast. Worked on learning steps required to clean dishes. Confirmed Jessica still wanted to go to Purrista Cat Café and go to chair yoga class at Art of Yoga.**
Service Provided: **Companion 1:1**
Time Service Provided: **10:01 am to 12:30pm** Place(s) Service Provided: **Purrista Cat Café and Art of Yoga**
Description of Service Activities: **Walked with Jessica to Purrista Cat Café and watched her interact with the cats. Walked with Jessica to chair yoga class at Art of Yoga and helped her with 2 of the exercises.**

Community Participation Support (CPS)

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A new Service Note is needed when there is a change in billing code.

Examples of when a new Service Note would be needed:

- An individual transitions from facility-based CPS to community-based CPS.
- An individual transitions from direct service provision to fading supports.
- There is a staff-to-individual ratio change in the community or facility that affects the procedure code billed.
  - This also applies to Day Habilitation in AAW

Multiple service notes for the same individual for services delivered on the same day may be documented on one form as long as all required elements of a Service Note are included for each service. In each of these scenarios above, the service notes can be combined into one document.

- This also applies to Day Habilitation in AAW.

Options for CPS and Day Habilitation

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Service Note Options:

- A single service note can be used but contain multiple entries based on information provided by each professional involved in providing the service.

- A supervisor or program specialist who is present for the entirety of the service provision on the day services were delivered can complete the service note based on their observations of service delivery and staff reports about the activities that were provided to or on behalf of the individual.

- The provider can create a checklist for professionals to document the service provided.

CPS and Day Habilitation – Attendance & Absence

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- Each Service Note must include the start and end times of service delivery.

- An error that is seen in billing for CPS is that the service is billed as it is authorized on the ISP, regardless of attendance.

- For example, John Smith is scheduled to attend CPS or Day Habilitation Monday through Friday from 9:00am-3:00pm. On Wednesday, John has a doctor's appointment in the morning and his sister drops him off at CPS or Day Habilitation at 10:30am. The Service Notes and billing should reflect that John arrived at 10:30am on Wednesday.

- Best Practice: Routine internal audits to ensure this doesn't happen.

Day Units – Minimum Hours of Service

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Residential Services – at least **8 hours** of direct or indirect service.

Respite Services in licensed or unlicensed residential settings, or other licensed settings (private ICF or nursing home) – at least **8 hours** of direct or indirect service.

- Adult Autism Waiver: For Out-of-Home Respite in the AAW, at least **16 hours** of direct or indirect service.

Respite services in private homes – at least **16 hours** of services.

Day Units

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For services billed in day units, a new Service Note must be completed for each day the service is provided.

A new Service Note is not required when:

1. There is a break in direct service and the service is reinitiated within that same day. For example, when an individual in a residential setting goes to work and returns later that day.

2. There is a change in professional providing the service within that same calendar day

    *BEST PRACTICE: Professionals should communicate with each other so that the service note will have information from the entire time that services were rendered.

New Residential Requirement

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Providers of Residential Habilitation, Life Sharing, and Supported Living services in the Consolidated, Community Living or Adult Autism Waivers must include start and end times of when the individual is receiving services or unpaid support that are not included in the residential service in the service note.

- Examples: Community Participation Support/Day Habilitation, Employment Services, and spending time with family and friends without residential support.

A description of what occurred during these times is not required to be included in the residential service note.

Multiple Day Services in 1 Service Note

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- Multiple service notes for one individual may be entered in the same document or form if all required information is included.

- For example, if a provider chooses to have multiple professionals in a residential setting each write a description of activities the professionals completed with the individual, all those descriptions could be recorded in one document.

Using Checklists

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Every Service Note must include the nature or description of the activities involved in the provision of the service.

- Reminder: Service notes must indicate the general names of locations in the community where services were delivered such as the name of a restaurant, park, or community activity. Documenting “community” or “other” does not meet this requirement.

Some services are permitted to use a checklist that satisfies this requirement.

A narrative of activities in addition to a checklist is not required but is recommended because checklists alone do not capture anecdotal information from direct support professionals.

When a checklist is used, a separate Service Note is not required as long as the checklist includes all the required elements of a Service Note.

Using Checklists - Allowable Services ID/A Waivers

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Providers may choose to create and use a checklist to document the activities that occurred during service delivery for the following services:

ID/A Waivers and Base-Funded Services	
Behavioral Support	Supports Broker Services
Shift Nursing	Housing Transition and Tenancy Sustaining
Communication Specialist	Community Participation Support
Consultative Nutritional Services	In-Home and Community Supports
Family/Caregiver Training and Support	Companion
Supported Living, Residential Habilitation, Life Sharing, and Supplemental Habilitation	Base-Funded Services: Special Diet Preparation, Support (Medical Environment) and Recreation/Leisure Time Activities
Small Group Employment, Supported Employment, and Benefits Counseling	Homemaker/Chore
Respite	

Using Checklists – Allowable Services AAW

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Providers may choose to create and use a checklist to document the activities that occurred during service delivery for the following services:

Adult Autism Waiver	
Specialized Skill Development: Behavioral Specialist, Systematic Skill Building, and Community Support	Temporary Supplemental Services
Day Habilitation	Family Support
Nutritional Consultation	Residential Habilitation – Community Homes
Small Group Employment, Career Planning and Supported Employment	Life Sharing

Considerations for the use of a Checklist

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Providers thinking about using a checklist should consider the following:

- Can a checklist meet the provider's documentation needs?
- Does a checklist provide enough information to substantiate billing and claims?
- Will the use of the checklist provide enough information to determine if the quality of the service provided meets expectations?
- Will the use of the checklist provide adequate documentation on the individual's level of assistance, support, and guidance needed to enable the provider to evaluate an individual's progress towards a goal and develop a high-quality progress note?
- Should a narrative in addition to a checklist be used by direct support professionals?

Service Notes for AAW Supports Coordination

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AAW SCs must document service delivery within **one business day** and enter a Service Note into HCSIS within **seven calendar days** from the day the service was provided.

The documentation that is completed within one business day may be in any form as long as it has sufficient information to complete the Service Note in HCSIS.

- For example, an SCO may choose to use logs, electronic notes, or other documentation.

Service Notes for AAW Supports Coordination

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Start and end times of each service may be documented by:

- Completing start and end time field in HCSIS; or
- Documenting start and end times in body of text of service note in HCSIS; or
- Documenting start and end times on documentation completed within 1 business day of the activity.

In addition to start and end times, SCOs must document the number of units in the “service note/billable claim details” screen in HCSIS for each service note.

AAW Supports Coordination – Single Entry in HCSIS

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SC Service Notes can be “bundled” when entered in HCSIS

In other words….SCOs may enter multiple service notes as a single entry in HCSIS for services delivered on the **same** calendar day to the **same** individual by the **same** Supports Coordinator.

- When entering multiple service notes as a single entry, the start and end times of each service provided must be documented in the text of the service note in HCSIS or on the documentation of activity completed within one business day of the activity occurring.

- When choosing “location of service,” “service type,” “category,” and “sub-category” on the Service Note screen in HCSIS, the SCO should choose the response that was most prominent during the time span of service delivery.

Date spanning is not allowed.

Unacceptable Service Notes

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Examples unacceptable service notes that do not meet 6100.226 include:

- Only listing the name of the service and no description of activities that occurred during service delivery.
- A description of activities that are not included in the service definition.
- A listing of activities that are not compensable.
- The checklist does not support the amount of time billed on the claim.
- A list of outcomes or goals with no additional description of the activities that were performed during service delivery.
  - For example, “improve social skills” may be an outcome or goal for an individual but does not describe the activity that occurred to work towards that outcome or goal.

Service Note FAQ 1: Making Edits

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Question:

Can a Service Note be edited after the day of service delivery to correct grammar or a typo?

Answer:

Yes. In general, documentation (including Service Notes) can be edited to correct a typo or illegible handwriting. The correction should be initialed and dated by the person making the edit.

Service Note FAQ 2: Signatures

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Question:

Is the individual receiving services required to sign the Service Note?

Answer:

No, this is not a requirement of ODP's waivers or regulations. Agencies may consider whether they want to make participant signatures a requirement as a matter of agency policy.

Part 2
Service Documentation
Progress Notes

Purpose of Progress Notes

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- Evaluate whether the activities occurring as part of the provision of services are helping the individual achieve their desired goals/outcomes (aka delivering quality services).

- Ensure services are meeting the individual's needs over time.
  - Indicate progress or lack of progress towards a goal/outcome
  - Crucial to the Quality Assessment and Improvement (QA&I) process as progress notes provide essential information for providers to review and use for self-monitoring to ensure services are rendered as authorized in the individual's ISP

*Progress Notes are not used to substantiate a claim

Progress Notes - Exceptions

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Service	Required Elements of Service Notes and/or Claim Documentation	Progress Notes & Other Required Documentation
15-Minute Unit Respite (In-Home Respite and Unlicensed Out-of-Home Respite Services)	**Service Notes Must Include:** - Identifying information for the individual. - Identifying information for the provider. - Date of service delivery. - Start and end times of service delivery. - The service delivered. - The date the service note is completed. - Name and signature of person completing the service note. - *For enhanced service levels only,* the degree/license/certificate of the professional providing services. - Place(s) the service is rendered. - A description of activities. - *For enhanced service levels only,* also include a description of the enhanced level of services provided to support the behavioral or medical needs of the individual and the activities each professional provided. A service note must be included for each continuous span of 15-minute units. **Documenting Services Delivered by Multiple Professionals at the Same Time:** When multiple professionals deliver services to the same individual at the same time, only one service note is required.	**Progress Notes:** Service notes satisfy requirements for progress notes. Therefore, a separate progress note is not needed for this service. **Other Documentation:** The provider must retain a record of time that each professional worked that demonstrates the service was provided as specified in the ISP.

Services That Do Not Require Progress Notes

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ID/A Waivers and Base-Funded Services	Adult Autism Waiver
Supports Coordination and Targeted Support Management	Supports Coordination
Respite	Respite
Transportation (Mile, Public, and Trip)	Transportation (Public and Trip)
American Sign Language – English Interpreter	American Sign Language – English Interpreter
Vendor Services: Assistive Technology, Home or Vehicle Accessibility Adaptations, Education Support Services, Family/Caregiver Training and Support (Registration and Training Fees), Participant-Directed Goods and Services, Specialized Supplies	Vendor Services: Assistive Technology, Home Modifications, Vehicle Modifications, Community Transition Services
Homemaker/Chore	
Benefits Counseling	
Base Funded Services: Family Aide Services, Home Rehabilitation, Respite Care, Family Support Services/Individual Payment	
Specialty Telehealth and Assessment Team	

Who Completes Progress Notes?

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- Typically written by a program specialist or other professional who conducts routine reviews or oversight of staff or during service monitoring.

- Self-Directed Services
  - Vendor Fiscal/Employer Agent – The common-law employer completes the progress note.
  - Agency with Choice – Managing employer (or Agency with Choice organization) completes the progress note.

Good Progress Note Development

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The person preparing the Progress Note must:

- Review Service Notes
- Observe Service Delivery
- Speak with the individual, person(s) designated by the individual, and professionals involved with the individual as appropriate

Progress Note Content – Basic Info

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Progress Notes must include:

- Identifying information for the individual.
- Identifying information for the provider.
- Name of the service.
- Date range of service delivery under review.
- The name of the person completing the progress note.
- The date the progress note is completed.

Progress Notes – Individual Needs

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Progress Notes must include:

- If the service met the needs and preferences of the individual.
- Impact on the individual's health, safety, well-being, preferences, and routine.
- Documentation of restrictive procedures usage when restrictive procedures are included in an individual's ISP and Behavioral Support Plan.

Progress Notes Content – ISP Alignment

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Progress Notes must include if the service was provided in accordance with the ISP.

- This includes consideration of the implementation of the communication strategies and progress made towards the communication goals or outcomes for individuals who have functional communication impairments.
- **NEW:** Progress notes do not need to include every time services were not provided as specified in the ISP. If there is a discrepancy of more than 25% between utilization of services and authorization of services during the period of time covered by the progress note, there must be an explanation in the progress note that describes the reason for the discrepancy and whether adjustments in the back-up plan and/or service provision will be made to ensure needed and authorized services are provided at the duration and frequency noted in the ISP.

Progress Notes – Lack of Progress

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Progress Notes must include:

- How progress will be addressed, if there was lack of progress on a desired outcome.

- If the individual is not making progress towards their outcomes or goals, the provider must identify why there is a lack of progress and document in the progress note the action steps the provider will take to address the lack of progress.

Progress Note Timeframes - 1

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- Progress Notes are completed for every three-month period.

- Providers have the discretion to complete Progress Notes more frequently.



Progress Note Timeframes - 2

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Consolidated, Community Living, P/FDS Waivers, and Base Funded Services

- The provider has **one month** after the last date included in the timeframe under review to complete the progress note.

- For example, if the time period of service delivery that will be included in the progress note is June 16th through September 16th, the provider has until October 16th to complete the progress note.

Progress Note Timeframes - 3

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Consolidated, Community Living, P/FDS Waivers, and Base Funded Services

- Progress notes must cover all dates.
- For example, if the last Progress Note covered June 16th through September 16th, the period under review for the next progress note must begin on September 17th.
  - Regardless whether the service was delivered on September 17
  - Regardless of the date the progress note is completed

Getting on a Schedule

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Consolidated, Community Living, P/FDS Waivers, and Base Funded Services

- The three-month “clock” begins on the first date of service delivery

- Providers may consider shortening the period under review to align the review dates more favorably
  - Example: a provider begins delivering services to an individual on May 15th. The provider may choose to create a progress note for dates May 15th through May 31st and complete a progress note every three months thereafter

Adult Autism Waiver Progress Notes

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Adult Autism Waiver Services

- Providers must continue to follow previously outlined timeframes for reporting quarterly progress.

- Providers should continue to refer to the Adult Autism Waiver Quarterly Progress Note (QPN) Guidance on MyODP.org. The chart specifies the quarter under review based on the individual's Plan Effective Date and the date by which the quarterly progress note must be completed and submitted into QuestionPro.

Other Documentation

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Employment

Service	Required Elements of Service Notes and/or Claim Documentation	Progress Notes & Other Required Documentation
Small Group Employment	**Service Notes Must Include:** - Identifying information for the individual. - Identifying information for the provider. - Date of service delivery. - Start and end times of service delivery. - The service delivered. - The date the service note is completed. - Name and signature of the person completing the service note. - Place(s) the service is rendered. - A description of activities.* A service note must be included for each continuous span of 15-minute units. *The provider may choose to create and use a checklist to document allowable activities delivered as long as it includes all other elements listed above.	**Progress Notes:** Progress notes are required for this service. Please refer to the bulletin for the requirements for progress notes. **Other Documentation:** The provider must retain a record of time that each professional worked that demonstrates the service was provided as specified in the ISP.

Progress Note FAQ 1: Signatures

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Question:

Who must sign the progress note after completion and review? The Program Specialist? The individual receiving services?

Answer:

A signature is not required on a Progress Note. The Progress Note needs to include the name of the person completing the Progress Note (by legible signature or printed name).

Part 3
Reviewing Claim and Service Documentation

Provider Internal Processes

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Service providers should:

- Ensure mutual understanding of the service intent and service provided, seeking clarification as needed.
- Use Bulletin 00-26-04 and the appropriate attachments for Technical Guidance for Claim and Service Documentation.
- Establish safeguards and controls
- Establish internal review, feedback and remediation processes.
  - For example, a sample of claims to identify areas to be addressed.

Submitting Claims – Provider Review

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Prior to the submission of the claim, do the Service Notes include:

- All required information?
  - Clear start and end times of service delivery
  - Correct identifying information for the individual receiving services

- Confirmation the service was provided at the expected frequency and duration?

- Validation for the number of units billed?
  - Different service levels cannot be combined to create a full unit of service for billing purposes

External Reviews

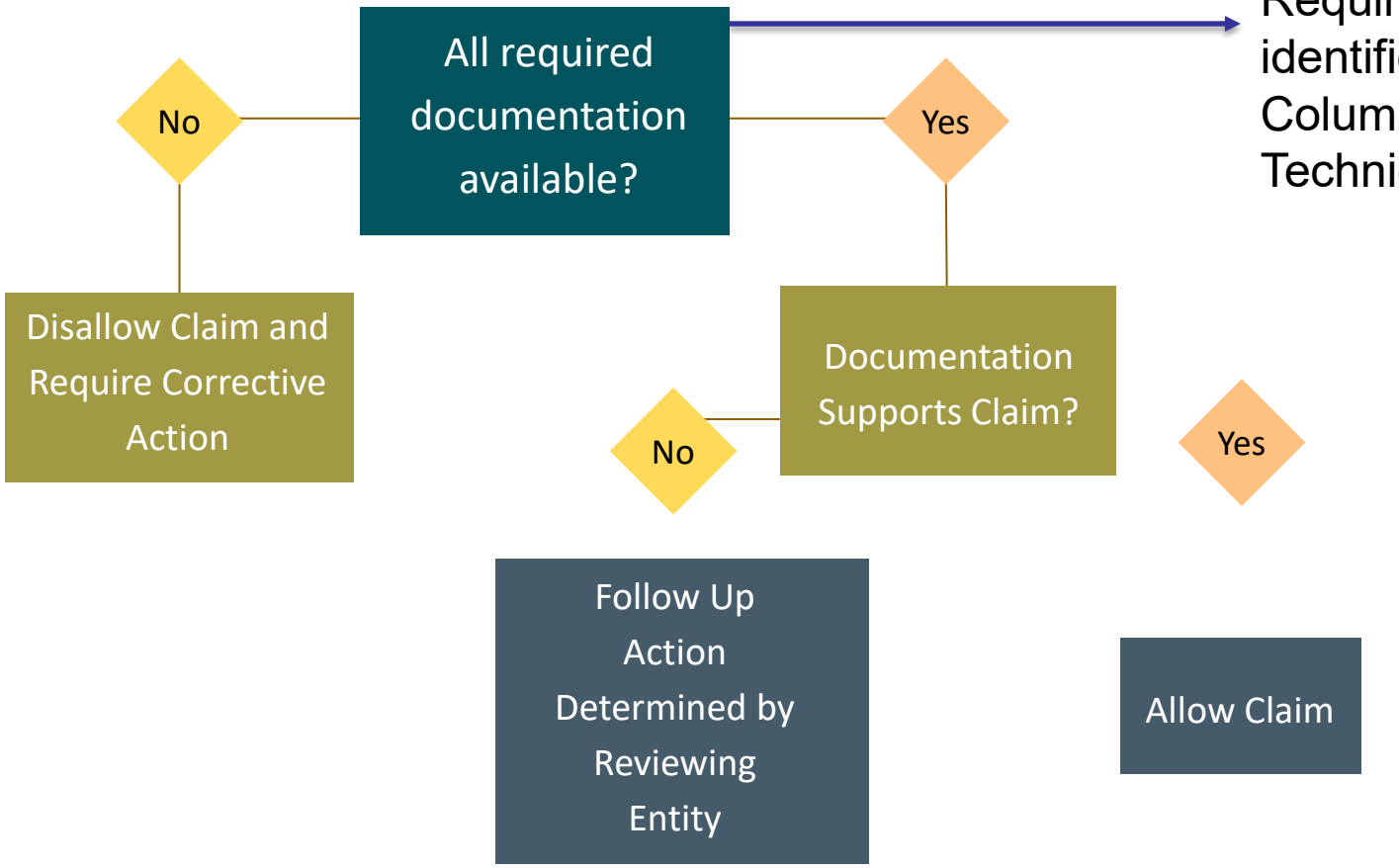
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Service Notes and Progress Notes are subject to review by:

- ODP
- Administrative Entities
- Department of Human Services' Bureau of Financial Operations
- Centers for Medicare and Medicaid Services (CMS)

Claim Review Process

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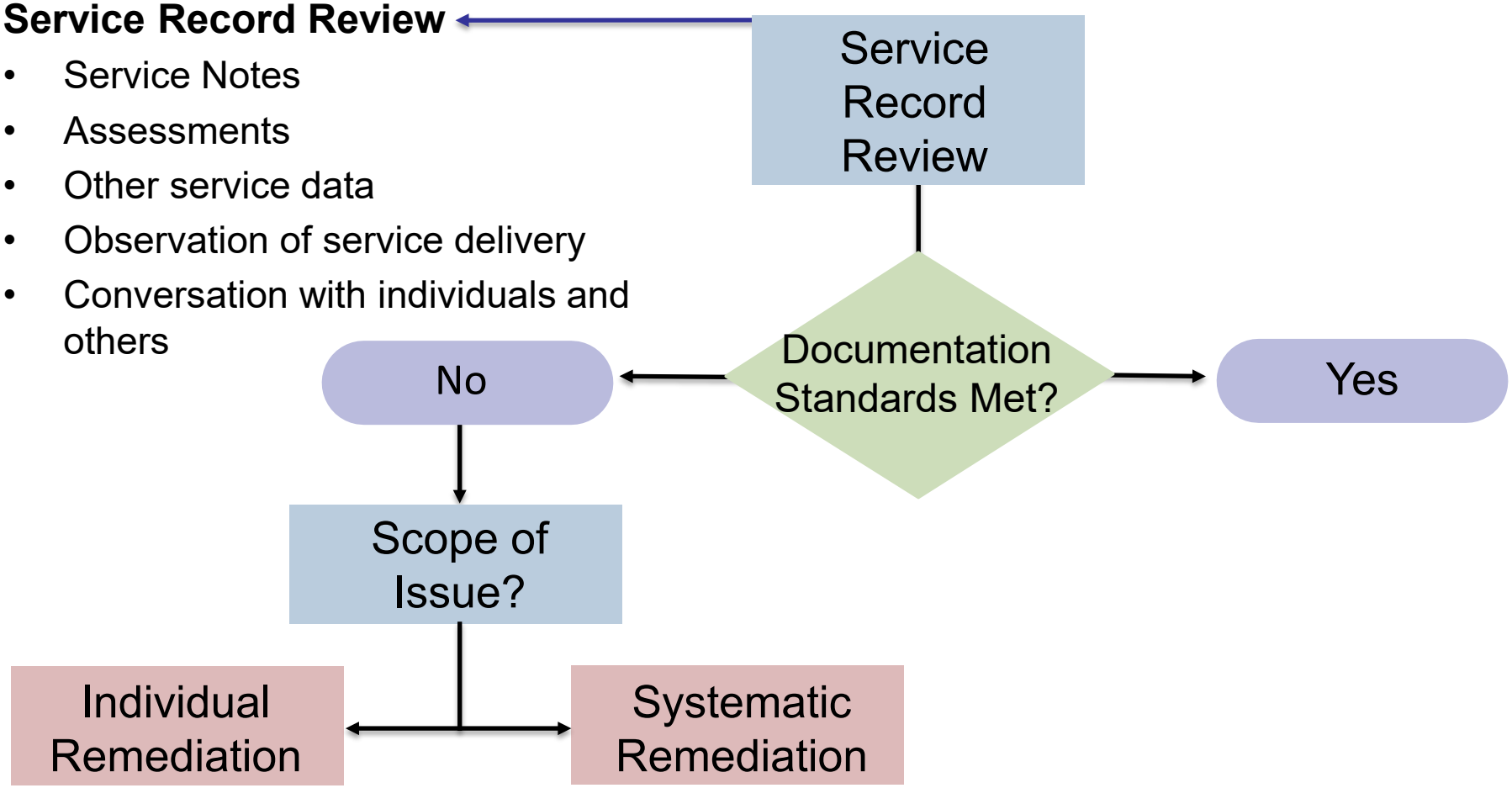
Requirements identified in Column 2 of the Technical Guide

Quality Review

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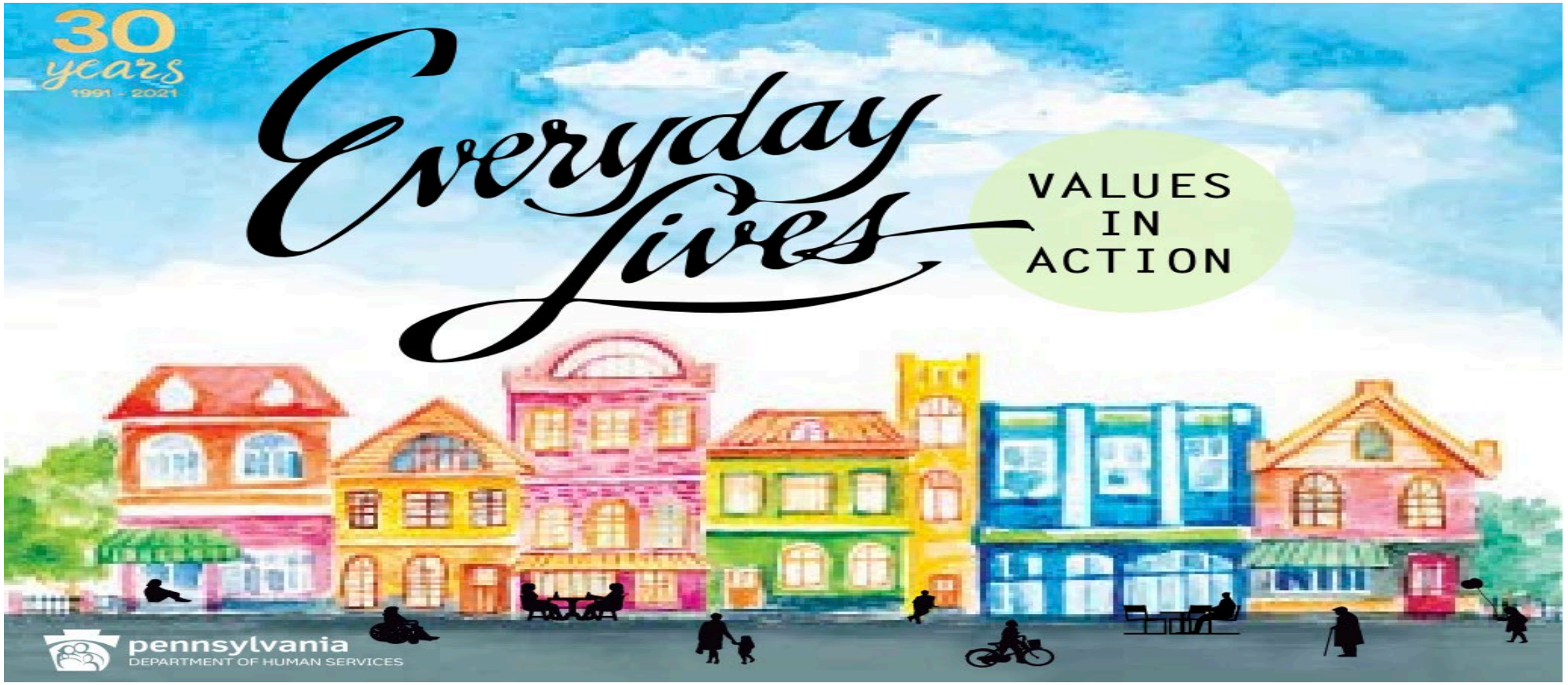
Service Record Review

- Service Notes
- Assessments
- Other service data
- Observation of service delivery
- Conversation with individuals and others



Everyday Lives: Values In Action

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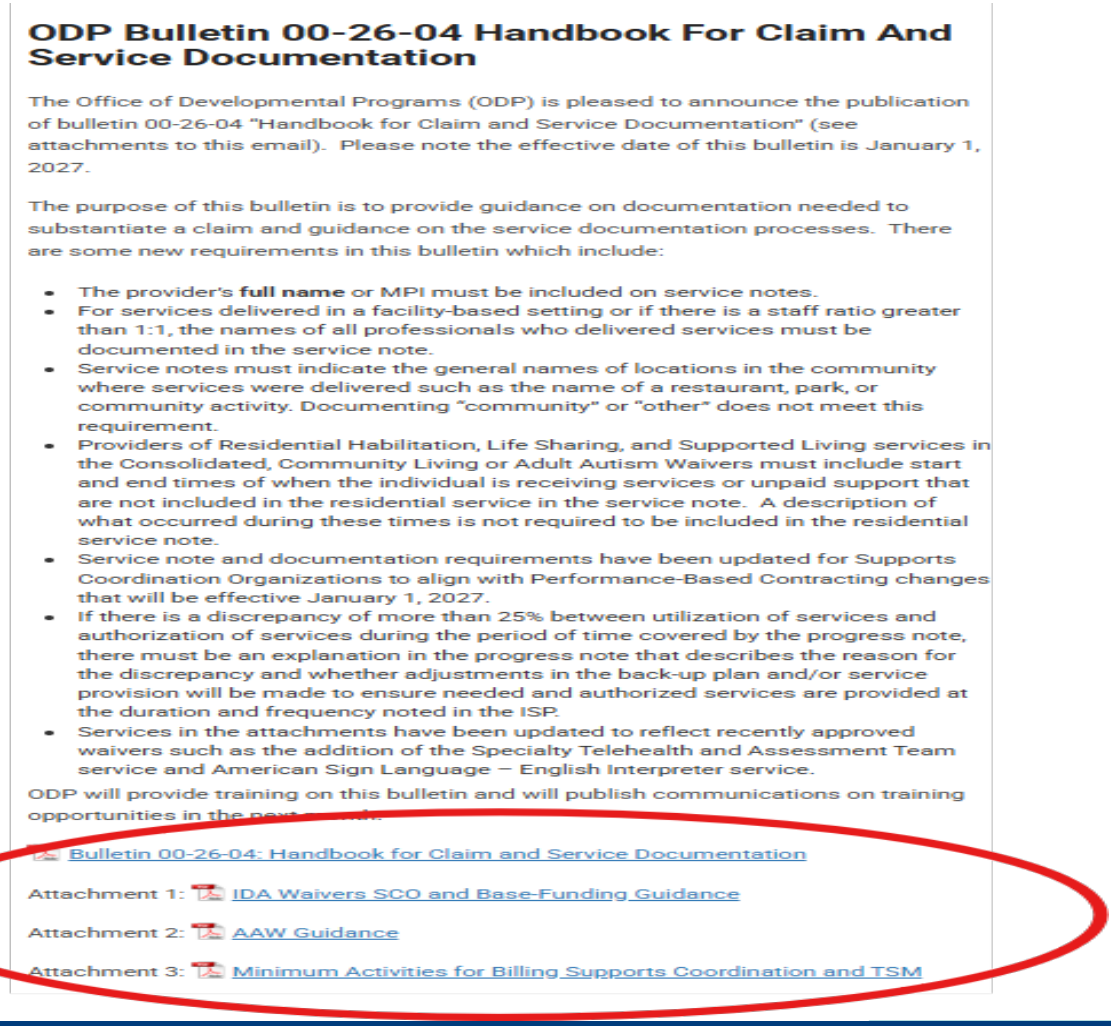


Links

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[ODP Bulletin 00-26-04 Handbook for Claim and Service Documentation – MyODP]

The bulletin and all attachments are available at the link on this page.



ODP Bulletin 00-26-04 Handbook For Claim And Service Documentation

The Office of Developmental Programs (ODP) is pleased to announce the publication of bulletin 00-26-04 "Handbook for Claim and Service Documentation" (see attachments to this email). Please note the effective date of this bulletin is January 1, 2027.

The purpose of this bulletin is to provide guidance on documentation needed to substantiate a claim and guidance on the service documentation processes. There are some new requirements in this bulletin which include:

- The provider's **full name** or MPI must be included on service notes.
- For services delivered in a facility-based setting or if there is a staff ratio greater than 1:1, the names of all professionals who delivered services must be documented in the service note.
- Service notes must indicate the general names of locations in the community where services were delivered such as the name of a restaurant, park, or community activity. Documenting "community" or "other" does not meet this requirement.
- Providers of Residential Habilitation, Life Sharing, and Supported Living services in the Consolidated, Community Living or Adult Autism Waivers must include start and end times of when the individual is receiving services or unpaid support that are not included in the residential service in the service note. A description of what occurred during these times is not required to be included in the residential service note.
- Service note and documentation requirements have been updated for Supports Coordination Organizations to align with Performance-Based Contracting changes that will be effective January 1, 2027.
- If there is a discrepancy of more than 25% between utilization of services and authorization of services during the period of time covered by the progress note, there must be an explanation in the progress note that describes the reason for the discrepancy and whether adjustments in the back-up plan and/or service provision will be made to ensure needed and authorized services are provided at the duration and frequency noted in the ISP.
- Services in the attachments have been updated to reflect recently approved waivers such as the addition of the Specialty Telehealth and Assessment Team service and American Sign Language – English Interpreter service.

ODP will provide training on this bulletin and will publish communications on training opportunities in the next [illegible].

Bulletin 00-26-04: Handbook for Claim and Service Documentation

Attachment 1: IDA Waivers SCO and Base-Funding Guidance

Attachment 2: AAW Guidance

Attachment 3: Minimum Activities for Billing Supports Coordination and TSM

Questions

pennsylvania
DEPARTMENT OF HUMAN SERVICES

