

Case Management Survey - DDW Billing Tool

Agency/Region: _____ **Service: DD Waiver Case Management**

Individual / Identifier: _____

Surveyor Completing: _____

Date/Time: _____

Surveyor Instruction: *The CM is required to meet face-to-face with adult DD Waiver participants at least 12 times annually (one time per month) to bill for a monthly unit. Other billing findings include but are not limited to NO name of the recipient of the service; location of the service; date of the service; start and end times of the service; signature and title of staff, no description of services, etc. This would not be met if there was no face to face or if there were missing documentation elements.*

	<i>Dates of face-to-face contact & location (Home-HV or Site-SV)</i>	<i>Time of each visit</i>	<i>Total billable service time per month</i>	<i>Units Billed by AGENCY - Examine billing documentation; does it match the total service time listed in column to the left. IS IT JUSTIFIED? If not, why?</i>
<u>MONTH 1</u>				
<u>MONTH 2</u>				
<u>MONTH 3</u>				