

PLACE OF SERVICE

- 02. Place of Residence
- 09. Day Program or ADHC Facility
- 10. Mental Health Clinic
- 12. School
- 13. Support Coordination Agency
- 14. Jail or Correctional Facility
- 15. Day Care or nursery school
- 16. OT, PT, Speech Therapist's Office
- 18. Early Intervention Provider
- 19. Service Provider's Place of Business
- 21. Hospital
- 22. Medical/Public Health Clinic
- 23. ICF/DD
- 24. Nursing Facility
- 99. Other Community Location

TYPE OF CONTACT

- 1. In person
- 2. Telephone
- 3. Written
- 6. Documentation
- 8. **Telehealth (virtual)**

SERVICE ACTIVITY

(VACP only codes 20, 22, 23, 24, and 25)

- 00. No service provided
- 01. Initial Contact
- 03. Service Planning, Implementation, & Follow-up
- 04. Unannounced Visit/Health and Safety
- 13. Annual POC meeting
- 15. Emergency Event Tracking
- 16. Initial POC meeting
- 20. Medical Consultation
- 21. Health Management
- 22. Medical Crisis Management
- 23. Medical Crisis Training & Tech Assistance-School
- 24. Medical Crisis Training & Tech Assistance-Community
- 25. Intense Informing for Complex Health Needs
- 37. CIR Tracking
- 38. Documentation
- 39. Travel (does not count towards billing)*
- 41. Monthly Monitoring Contact
- 53. Quarterly Visit / **6-9 month visit for CC**
- 56. Advocacy
- 59. Monitoring service provider records/notes/billing
- 60. Transition and Closure
- 76. Assessment
- 99. Additional Contact-non billable

*03 & 39 can overlap for different participants (i.e support coordinators can be traveling to visit a participant and can be talking on the phone regarding another participant.)

MONTHLY CODES (Service Activity code of 41):

MONTHLY MONITORING

*(*Asterisked items require remediation.)*

Monitoring codes for ADHC, IFS, FS, CLS, Skilled Nursing, Day Hab, Pre-Voc, and SE

- 01. Service received and delivered in the amount, frequency and duration specified in the current POC.

Below are monitoring codes if services were NOT delivered in the amount, frequency, and duration specified in the current POC.

Monitoring codes for IFS, CLS, FS, Skilled Nursing, Day Hab, Pre-Voc, and SE

- 02. Participant temporarily admitted to a nursing facility or hospital.
- 03. Service was declined by participant.

Additional codes for ADHC, Day Hab, Pre-Voc, and SE

- 11. ADHC, Day Hab, SE and Pre-Voc facilities unscheduled closures (e.g. bad weather, etc.)
- 12. No provider available in the transport radius.
- 13. Transportation NOT available (e.g. ADHC transport vehicle broken down, etc.).*

Additional codes for IFS, FS, Skilled nursing, and CLS services

- 21. Unplanned worker absence and family/other natural support provided care per Back-Up Staffing Plan.
- 22. Participant refusing back-up worker.
- 23. Unplanned worker absence and DSP did NOT provide care per Back-Up Staffing Plan.*

Additional code for Self-Direction, IFS, FS and CLS services

- 31. Unplanned worker absence and Back-Up Staffing Plan NOT followed.*

MONTHLY REMEDIATION

Monitoring codes for FS, Skilled Nursing, IFS, and CLS services

- 01. Remediation In Progress (Give explanation in comments.)
- 02. Assisted participant in locating other provider(s).

Additional codes for IFS, FS, Skilled Nursing, and CLS services

- 11. Back-Up Staffing Plan revised.
- 12. POC Revision completed.
- 13. New worker in place

Additional code for ADHC, Pre-Voc, Day Hab, and SE service only

- 21. Transportation resource located.

SERVICE PARTICIPANT

01. Beneficiary
02. Parent or Legal Guardian
03. Other Family Member or Essential other
04. Responsible Representative
07. Education
08. Health Care Provider
09. Supportive Services/Resources
10. Program Office (OCDD, OAAS, BHSF, CPS, APS, EPS, HSS)
11. Medicaid Eligibility Office
12. Waiver Service Provider
13. Non-Medicaid other Provider (paid/non-paid)
16. Advocacy Representative
17. Nurse Consultant
18. Statistical Resources Inc.
19. Healthy Louisiana Contact
20. MFP/MPL Transition Coordinator
21. Ombudsman
99. Other

MFP RESIDENCE CODE

01. Home owned by participant
02. Home owned by family member
03. Apartment leased by participant, not assisted living
04. Apartment leased by participant, assisted living
05. Apartment subsidized
06. In hospital/nursing facility

MFP PARTICIPANT LIVES WITH FAMILY MEMBERS

01. Yes
02. No

ANNUAL CODES:

ANNUAL MONITORING

*(*Asterisked items require remediation.)*

Below are monitoring codes for all services if services (listed in the current POC) are NOT delivered at least once in the previous POC year.

01. Participant's health declined
02. Participant non-cooperative
03. Provider unable to provide or complete service (e.g. ADHC temporarily closed due to bad weather, etc.)
04. Participant declined service.
05. POC Extension (e.g. appeals, etc.)
06. Discharged from the waiver
99. Other*

ANNUAL REMEDIATION (Occurred or will occur)

01. Remediation (Give explanation in comments.) (e.g. SC will make appointment for therapy assessment, etc.)
02. POC/POC Revision reflects current situation/needs.
03. Documentation supports discontinued services.

NOTE: Annual monitoring will be conducted within the last month of the POC year.