

DropDowns

Waiver/Program	Activity
SEP - HCBS - BI	Initial Level of Care Assessment
SEP - HCBS - EBD	Continued Stay Review Level of Care Assessment
SEP -HCBS - CMHS	In-Person Monitoring
SEP -HCBS - SCI	CCB - Individualized Service Plan
SEP -HCBS - CLLI	
SEP -HBU	
SEP -LTHH	
SEP -NF	
SEP -PACE	
CCB - HCBS-DD	
CCB - HCBS-SLS	
CCB - HCBS-CES	
CCB - HCBS-CHRP	
CCB - State SLS	
CCB - OBRA-SS	

SEP Instructions

Single Entry Points (SEPs)

SEPs identified by the Department as Rural/Frontier must complete the Rural Invoice Template for all Level of Care Assessments and Monitoring contacts completed in person.

Rural Invoice Template:

Individual's Name

Instructions:

Enter the individuals full name

Medicaid ID or Unique Identifier

Enter the individuals Medicaid ID or unique identifier if the Medicaid ID is not available

Date of In Person Contact

Enter the date of the in person contact

Program

Enter the Program:

- HCBS - BI
- HCBS - EBD
- HCBS - CMHS
- HCBS - SPI
- HCBS - CLI
- HBU
- LTHH
- NF
- PACE
- CCT

Additional Reimbursement Criteria:

- Initial Level of Care Assessment and CSR Level of Care Assessment Only
- Initial Level of Care Assessment and CSR Level of Care Assessment Only
- Initial Level of Care Assessment and CSR Level of Care Assessment Only
- Initial Level of Care Assessment and CSR Level of Care Assessment Only
- In-Person Monitoring Only

Activity Performed

Enter the activity completed:

- Initial Level of Care Assessment
- CSR Level of Care Assessment
- In-Person Monitoring

Comments

Add comments if applicable

CCB Instructions

Community Centered Boards (CCBs)

CCBs identified by the Department as Rural/Frontier must complete the Rural Invoice Template for all Level of Care Assessments, Individualized Service Plans and Monitoring contacts completed in person.

Rural Invoice Template:

Individual's Name

Instructions:

Enter the individuals full name

Medicaid ID or Unique Identifier

Enter the individuals Medicaid ID or unique identifier if the Medicaid ID is not available

Date of In Person Contact

Enter the date of the in person contact

Program

Enter the Program:

- HCBS-DD
- HCBS-SLS
- HCBS-CES
- HCBS-CHRP
- State SLS
- OBRA-SS

Additional Criteria for Reimbursement:

- Initial and CSR Level of Care Assessment Only
- Initial and CSR Level of Care Assessment Only
- Initial and CSR Level of Care Assessment Only
- Initial and CSR Level of Care Assessment Only
- In-Person Monitoring and Individualized Service Plan Only
- In-Person Monitoring and Individualized Service Plan Only

Activity Performed

Enter the activity completed:

- Initial Level of Care Assessment
- CSR Level of Care Assessment
- In-Person Monitoring
- Individualized Service Plan

Comments

Add comments if applicable