

IDGS: Clinician Non-Direct Check List

Non-direct clinical consultants can: evaluate a person's habilitation plan, train self-hired staff on the habilitation plan and evaluate the effectiveness of the self-hired staff's supports pertaining to the habilitation plan

Non-Direct Clinical cannot be used to train care givers or directly support the person The in-direct therapy can only cost up to the 90% as published by the Bureau of Labor Statistics at http://www.bls.gov/soc/home.htm This is based off professional's credentialing not the services provided • This is based off of an hour of service- if session invoice is less we need to calculate the hourly rate The invoice cannot exceed the amount outlined by Medicaid- if the service cost exceeds this amount AIM cannot process the reimbursement request The providers credentials must be run through the New York State licensure system to assure they are licensed/registered at http://www.op.nysed.gov/opsearches.htm • If their registration/credentialling is not validated by the site that person cannot be approved to provide the therapy Therapy plan written by the therapist- this must be provided prior to reimbursement This should include an evaluation, long and short term goals and how they are going to reach them An annual progress note with recommendations to continue therapy; this should be written and signed by the therapist. This can be tied to the person's life plan meeting dates to assist with paperwork volume The invoice for services are uploaded to Evero based on the date of the services rendered. The invoice should include:

- General Information- the person's name, the cost of session(s), length of the session(s), the session note (identified below) and proof of payment
- A therapy session note is required for every invoice processed- this would include what was accomplished during that session and is written by the therapist

All documentation needs to be updated annually or when the therapist changes