

MEDICAID/CHIP PAYMENT ERROR RATE MEASUREMENT (PERM) PROGRAM

PERM REQUEST FOR RECORDS COVER SHEET

PERM-ID:

Date:

Patient Name:	Provider Number:
Date of Birth:	Provider Name:
Recipient ID:	
Date(s) of Service:	
Category 10: Personal Care Services	
Record Submission Due Date:	

Please submit all *applicable* documents, for the requested **date(s) of service**, from the listing below as well as any other supporting documentation your state may require your facility to keep.

Personal Care Services (*Personal Care Attendant, Aide, Homemaker services and Respite Care*):

Physician Certification / Recertification / Form 485 Plan of Care	OT Assessments (<i>time in and out</i>)
Physician Orders (<i>signed and dated; include all physician orders relevant to sampled claim</i>)	SLP Assessments (<i>time in and out</i>)
Initial / Intake Assessment	Infusion Therapy (<i>time in and out</i>)
Nursing Assessments and Notes	DME Prescription (<i>signed and dated</i>)
Nursing Care Plan	Total Time Spent for Units Billed (<i>i.e. 15 min., 30 min., 1 hr., 1 visit, etc.</i>)
Home Health Aide Notes / Worksheets (<i>time in and out</i>)	DME Signature Log / Proof of Delivery
PT Assessments (<i>time in and out</i>)	

Targeted Case Management Services:

Referral for Case Management	Case Management Invoice / Billing
Case Management Care Plan and Notes (<i>including telephonic contact</i>)	Total Time Spent for Units Billed (<i>i.e. 15 min., 30 min., 1 hr., 1 visit, etc.</i>)

Private Duty Nursing:

Physician Orders (<i>signed and dated; include all physician orders relevant to sampled claim</i>)	Nursing Notes / Visit Notes (<i>time in and out</i>)
Initial / Intake Assessment	Total Time Spent for Units Billed (<i>i.e. 15 min., 30 min., 1 hr., 1 visit, etc.</i>)
Nursing Flowsheets	

Meal Delivery Services:

Referral for Services	Meal Delivery Records / Signature Logs
Menus	

Please review the **Instructions for Submitting Requested Record/Documentation**, included in this packet, before submitting documentation. Documents **must be** submitted with this **PERM Cover Sheet** as the first page. The PERM Review Contractor office uses this sheet to confirm receipt of your documents.