

**Rule No. 560-X- 47-.05 Requirements for Client Intake, Treatment Planning, and Service Documentation**

(1) Requirements for intake, treatment planning, and service documentation are detailed in the Medicaid Provider Manual, Rehabilitative Services, Chapter 105, Section 105.2.3. Manuals may be downloaded from the Medicaid website at [www.medicaid.state.al.us/alabama.gov](http://www.medicaid.state.al.us/alabama.gov).

(2) Documentation in the client's record for each session, service, or activity for which Medicaid reimbursement is requested shall comply with any applicable certification or licensure standards and shall include, at a minimum:

- (a) the identification of the specific services rendered;
- (b) the date and the amount of time that the services were rendered;
- (c) the signature of the staff person who rendered the services;
- (d) the identification of the setting in which the services were rendered;
- (e) a written assessment of the client's progress, or lack thereof, related to each of the identified clinical issues discussed.

(3) The author of each entry must be identified and must authenticate his or her entry. Authentication ~~may include signatures, written initials, or computer entry~~ must be consistent with signature requirements found in Chapter 1 of this Administrative Code.

(4) When clinical records are audited, the list of required documentation found at 560-X-47-.05(2) will be applied to justify payment by Medicaid. Documentation failing to meet the minimum standards noted above will result in recoupment of payments.

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**Statutory Authority:** 42 CFR Section 440.130(d), 482.24; Social Security Act, Title XIX; Omnibus Budget Reconciliation Act of 1987; P.L. 100-203, Section 4105; State Plan for Medical Assistance, Attachment 3.1-A.

**History:** Rule effective August 11, 1990. Amended March 1, 1994; and June 14, 1994.

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