Ohio County Boards of Developmental Disabilities

State Work Group 2013

CASE NOTES GUIDE
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Case Notes Guide

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Case Note compliance refers to the federal, state and internal requirements related to the necessary documentation in the provision of services and recording of service related activities. For Targeted Case Management (TCM) Case Notes, these include, but are not limited to:

- Individual name (first and last)
- Individual Medicaid number
- Day/month/year that the service was delivered
- Location of service
- Start/stop times
- Total units of service

Additionally, Case Note entry requirements include:

- The service provider’s name and title be typed/printed on each entry/page
- The service provider sign/initial and date each entry. If there are multiple entries on a page, only one full signature is required per page, the other entries can be initialed
- If initials/acronyms are used within Case Notes, a glossary of these needs to be available in each applicable written file and/or electronic file. Electronic signatures are permissible
- Don’t use other individuals’ names in another individual’s case notes.

Billable units are those tasks/contacts made with the eligible individual or on behalf of the individual. If the activity is not performed on behalf of or not specific to an eligible individual they are not billable.

No SSA may submit claims in excess of twenty-six units per day unless the associated service(s) is considered medically necessary. There must be sufficient documentation to track the units per day per SSA.

For any SSA who bills in excess of twenty-six units per day, unless the associated service(s) is considered medically necessary, there must be sufficient documentation to track the “overage” units per day.

If claims get submitted in excess of twenty-six units, the county board must submit an attestation that the service(s) associated with the claim is considered medically necessary. These claims must be submitted separately from all other TCM claims.

Medicaid requires that documentation used to support billing/claims/reimbursement be maintained for a period of six years from the date of final payment, or until such time as a lawsuit or audit finding has been resolved, whichever is longer.
Case Note entries are used to reflect significant contacts related to an individual regarding the provision of services. Entries should be done in such a way that an outsider would be able to obtain a general overview of the individual, his/her needs, the services provided, your impressions/observations, and progress or lack thereof. There is no specific format that needs to be followed each time a Case Note is entered.

Usually, the type or reason for the contact can dictate how an entry is made. For example, a telephone conversation to arrange an appointment may be only one or two sentences while a discussion with another agency staff person could be several paragraphs or several pages.

- When entering Case Notes, keep in mind the questions: who; what; where; when; why and how.
- One format to consider is called RAP (Reason for the contact, Action taken, Plan for next meeting/future actions or services). This is a good, general guide to follow as it addresses why there was contact, what the contact entailed, and what will be done next.
- Be sure to include individual’s first and last name, agency and title (lawyer, supervisor, mother, friend, etc.).
- If the individual is named a second time, you can just use his/her first name.

As much as possible, be concise. Complete sentences do not need to be used as long as the meaning or intent of the statement is clear and intact. You do not need to go into details such as “I drove over to the workshop to see Kris, went into the building and saw her talking to a friend. I walked up to her and said I needed to talk with her about her SSI check.” A simple statement such as “I talked with Kris about her SSI check” would be sufficient. The important elements to remember when writing case notes are that they reflect the reason for the contact, the content of the contact, the outcome of the contact, the plan/needs addressed during the contact, and that someone else reading them should be able to understand what has occurred. When adding contacts to Case Notes, you should attempt, if feasible, to tie in the current entry with the previous entry for consistency/follow-up or to explain extensive time periods between contacts/entries. It is also best practice that Case Notes should be written/entered the same day of the service, or the next day if it is not possible to enter them on the same day. You should not allow extensive periods of time to transpire between when the contact occurred and when you “write” the Case Note. Case notes can be written in first or third person.
LEGAL PERSPECTIVE

As much as possible, utilize facts in Case Note entries. Facts are: observed (seen and by whom); reported (what was heard and by whom); and historical (verified by available information). If recording inferences or assumptions, it is necessary to identify these entries as such. Phrases such as “appeared to me” or “seems to be” should be used, then explain why the inference or assumption is being made.

When writing a conclusion into the Case Note, it needs to be backed up with the facts that led to the conclusion. It is important to be able to verify facts, or inferences, included in the notes. Verification could include: quoting someone; identifying where and when you saw something; why you “think” something (assumption); or when referring to a report or document, its location. If a previous entry is found to be incorrect, do not change that entry. Instead, add an additional explanatory note correcting the information from the incorrect entry and, if possible, the reason for the incorrect information/content. Falsifying Case Notes, note content, or incorrect documentation compliance data could be Medicaid Fraud as TCM is a Medicaid reimbursement system. “Padding” or unjustifiably increasing the number of units involved with a contact could also be Medicaid fraud. There is nothing to be gained by falsifying Case Notes or the time involved, and much to lose.

Once a case note is entered electronically, you can destroy written personal notes according to the agency’s Record Retention Policy.

It is impossible to predict if or when records might be surveyed or subpoenaed into court. Sloppy or missing documentation may be grounds for someone filing a liability suit against the agency.

(Ex. misfeasance, malfeasance, and nonfeasance). It is conceivable that the agency could be sued for dereliction of duty or be required to pay back reimbursements if verification of service delivery cannot be found in the Case Notes or the notes/times have been falsified.

ACTIVITIES THAT CAN BE BILLED

Assessment (as related to the activities below)
- All related phone calls
- All related travel
- Home visits
- Time doing case notes
- Reviewing assessments
- Any correspondence and documentation
- Consultation (other SSAs, Supervisor, Director, other agency/providers’ staff)
- Interviews with individuals
- Interviews with parents, guardians or those important to the individual
- Arranging components of an assessment
- Observations
- Pre-initial plan work
- Review for assessment for course of action
- Activities associated with waiver enrollment
- Preparation/research (internet search)
- Problem solving/mediation
- Benefit analysis
- Completing initial waiver/supported living packets,
- Making copies
- Requesting copies of assessments
• Sitting in on assessments
• Completing/revising ODDP/AAI
• Exploring possible funding sources
• Gathering information for CPT, cost projections, budgets
• Reviewing suitability of residential/work setting
• Contacting/arranging for OT, PT, and Speech Therapies
• Referral to BVR

Care Planning (as related to activities below)
• All related phone calls
• All related travel
• Home Visits
• Any correspondence, documentation
• Consultation (other SSAs, Supervisor, Director, other agency/providers’ staff)
• Contact with law enforcement and court involvement
• Interviews with individuals
• Interviews with parents, guardians, or those important to the individual
• Observations
• Pre-initial plan work
• Preparation/research (previous plan review, file review, internet search, after assessments are reviewed)
• Problem solving/mediation
• Emergency authorization for waiver services (verbal OK, plan revision)
• Entire Life Plan process/Person Centered Plan document (preparation, travel, meeting attendance, entering info. into software)
• Interactions with Behavior Specialists, Nurses, Therapists, Providers, Family First Council
• Attend discharge meetings (ie hospital stays)
• Special Team Meeting coordination, facilitation, attendance

• All plan revisions
• Cost calculations for waiver plan (assignment of Patient Liability, assignment of dollars for self-directed services, etc.)
• Provide individual with written notice or explanation of the right to a state hearing

Referral/Linkage (as related to the activities below)
• All related phone calls
• All related travel
• Home visits
• Any correspondence documentation
• Consultation (other SSAs- only if the other SSA is billing a separate code, Supervisor, Director, other agency/providers’ staff)
• Interviews with individuals
• Free choice of provider activities
• Interviews with parents, guardians, or those important to the individual
• Observations
• Preparation/research (previous plan review, file review, internet search)
• Problem solving/mediation
• Application/coordination for benefits/community services/area agencies (HUD, Medicaid)
• Assistance with gathering information for Medicaid eligibility (not Intake)
• Housing/job search/day and volunteer activities
• IEP attendance (per family request) SSA attended IEP to ensure linkage of services between school and board
• Review of OHC waiver appropriateness and relation to DD services
• Activities that help link individuals with medical, social, educational providers and/or programs and services
Monitoring/Follow Up (as related to the activities below)
- All related phone calls
- All related travel
- Home Visits
- Any correspondence documentation
- Consultation (other SSAs, Supervisor, Director, other agency/providers’ staff only if the other SSA is billing a different code.)
- Ensure the ISP is effectively implemented and adequately meets the needs of the individual
- Home visits
- Interviews with individuals
- Interviews with parents, guardians, or those important to the individual.
- Observations
- Preparation/research (previous plan review, file review, internet search)
- Problem solving/mediation
- Reviewing MUIs (individual reports for patterns or trends)
- Reviewing UIRs (individual reports, for patterns or trends)
- Activities related to payeeship
- Contacts with law enforcement or court appearances
- Attending training on behalf of or with a specific individual on your caseload (ie. Family Children First Council, Cluster, Community Team, etc.)
- Interagency meetings
- Medical issues, discharge order, recommendations
- Read/review monitoring reports
- Review provider service documentation
- Review Behavior Support Plan (BSP) data
- Review right to: Due Process, Administrative Resolution of Complaints, Medicaid State Hearings
- Monitoring for quality outcomes and individual satisfaction

• Incorporating results of a QA review into the ISP
• MUI Prevention Plan development and follow-up
• Follow-up of Due Process
• Working with MUI for follow-up
• UIR follow-up

Emergency Intervention (as related to the activities below)
- All related phone calls
- All related travel
- All related correspondence and documentation
- Linkage and referral with service providers
- Activities related to working with the individual and others to identify a course of action to respond to the emergency
- Going to hospital as a result of an emergency call to assess needs and coordinate services
- Consultation (other SSAs, Supervisors and others only if the other SSA is billing a different code)
- Notification to service providers and assigned SSA to assure follow up
- Notifying the investigative agent, if appropriate

State Hearing (as related to the activities below)
- All related phone calls
- All related travel
- All related correspondence and documentation
- Preparation for due process/state hearing administrative resolution of complaints
- Activities performed to assist an individual in preparing for a state hearing
- Consultation (other SSAs, Supervisors, others only if the other SSA is billing a different code)
- Preparation/research (previous plan review, file review, internet search)
They could be documented as a non-billable code.
- Discharge planning performed on behalf of an individual residing in an institution unless they are moving out within 180 days (those 180 days would be billable)
- Emergency intervention (The 24 hour on-call emergency response system, as directed in the SSA rule, is not reimbursable. Emergency services related to the six categories listed previously are reimbursable)
- Conducting investigation for MUI’s or UIR’s
- Providing direct services
- Services to individuals who are deemed ineligible for county board services unless they are enrolled on a HCBS Waiver.
- Establishing budgets for services outside the scope of the assessment or care planning
- Developing or monitoring an IEP
- Group services/group notes
- Habilitation management (as defined in 5123:2-1-11 administrative oversight within adult day habilitation)
- Eligibility determinations for CBDD services which includes any activity related to Intake, such as OEDI/COEDI
- Helping families with death benefits or funeral arrangements
- Any services the SSA provides after an individual dies
- Activities related to representing the agency’s decision which the individual is appealing
- Attending conferences, staff meetings, First Aid, CPR, etc.
• Received a voice mail (vm) from Kellie Harrison, guardian. She said that she has a home visit scheduled for 3/19. Returned call and left vm that I could attend and also told her about the quarterly review for April 26th at 1:30. Called Jerry Schultz at JVC and Bob Good at Golden Pines about the meeting and they will be in attendance.

• Met Ms. Karlson, representative payee, at her workplace to get her signature on Medicaid and waiver paperwork. She gave me benefit amounts for inclusion on the Medicaid appointment. She stated she will not be able to go to the appointment at the Medicaid office when it comes up. I told her to call me when she gets the appointment letter and I could attend.

• Traveled to Dayspring Clinic and completed a quarterly review of Melissa’s service plan. I introduced the team to Lindsay Smith, Melissa’s new SSA. See the service plan for more details.

• Received and reviewed most recent medical exam dated 2-14-13.

• Received a telephone call from CSB caseworker Myla Myers (555-1211) about Violet Oster, who has been placed in protective custody with Martin’s Respite Service. CSB is working with Ontario School District to coordinate IEP and she agreed to let the SSA know when it is scheduled.

• Met with Nora Ludwig, AMHA staff to place individual on the waiting list for Section 8 housing certificate.

• Called Katie Heller, Employment Specialist, about issues with Martha missing work. Left a voicemail with Martha to call me about her absences at work in order to see if there are in issues.

• Printed, copied and mailed out the service plan to the team.

• Met with mom and child in her home. Observed interaction with child, and mom relayed possibly trying another childcare option until preschool services are secured.

• Phone contact to Steve Foster, Attorney, regarding the status of guardianship change, filing and the status of the trust. Mr. Foster is preparing the paperwork for the guardianship change. Anticipates that filing will be within 30 days through the court.

• Left a voice mail message for Sabrina Jackson head of community travel to let her know that Fred thinks that his public transportation suspension is up this week and if she could look into it. Received a call back from Sabrina that suspension is up, however, she suggested that since winter is almost over, to have Fred remain on board transportation until spring and then transfer him back to public transportation.

• Phone call (pc) from Psych. Assistant Justin Smith (555-8487) about Mary’s revised behavior support program and new goals. I have not received a copy yet, so John Smith reviewed the plan with me. He states that Mary’s self-injurious behaviors have decreased at work but her stealing has increased. Justin has separated the target behaviors onto different data sheets so staff can more easily record behavior patterns. He has also added an escort for Mary at work and a pat-down procedure for stealing. He has gotten the guardians okay for the changes and has reviewed the new procedures with staff both at home and at the workshop. I will call him if I have not received the paperwork by the beginning of next week and will add the updates to Mary’s plan ASAP.
- Received a call from JW about AB to discuss the plan. JW wants me to help AB. JW states that AB is having his cousin TB become his payee. MS did not feel comfortable with this. KE also told me that AB sister (MB) is willing to have AB share an apartment with her. I told JW to have AB and MB call me so that we can arrange a meeting.
- Went to the home. I noticed mom and dad fighting a lot. I think that they need counseling for their marriage and it affects my client, Shontay. Mom told me her husband was stealing from her and Dad stated that Mom lies all the time. This family is really messed up.
- Received a call from April about John and was told services were good.
- Had a meeting at Danika Jacobs’ home today. We talked about her job and potential leads on a new job. When I left I realized that I locked my keys in the car and I went back to the house to use their phone to call AAA. Danika locked the house because she had to be at a meeting and I sat on the porch waiting for AAA to arrive. It took them 15 minutes before they could get me into my car and get the door open.
- Worked on a letter to Heather’s father – not sure how to word it so it would not sound insulting.
- Met with Ronnie at the workshop about her behaviors. She hit me and walked away. I was floored by her reaction of seeing me and I am not sure what to do. I think I will ask my supervisor the next step.
- Went to an IEP meeting. It was interesting.
- TC from Jeannie, lost, asking for where to take Mark to Siffinhouse, gave information.
- TC from Teresa Boxler saying that she cannot start because no 691. I told her on the way to billing as we speak.
- Went to a meeting, lots of team fighting going on, no one listened, client walked out, meeting over.
- Got in my car today, drove over to Sheri’s house, it was cold outside. She was not home and I placed a note to the door letting her know I was there. She is never home when I go to visit. I got back in my car and traveled through the snow back to the office.
- Held annual plan meeting today for Todd Nemoy. Good information shared. See service plan notes for details. One team member was very opinionated about what we need to do in regards to the behavior plan, I did not agree with him. No resolution.
- Called Jo about information about my client. Gave her info.
- Went out to lunch with Ellen for her birthday, we had pizza and cake.
- I talked with Annette in regards to the board not paying for provider crap. Administration does not care.
- Email to Theresa about application.