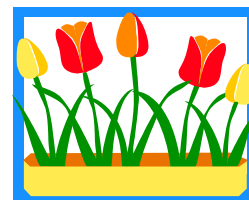


MA NEWS

Kenosha County Department of Human Services



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“Documentation, Documentation, Documentation!”

As case notes provide a single place for case managers, supervisors, colleagues, auditors, etc., to read about case activity, documentation is key.

Notes provide the necessary means to support claims, and assist in audit exceptions. When recording **case management billable activities**, the client notes must denote those in terms that an auditor will recognize as a covered case management function. The following list of terms may assist you in recognizing case management functions from direct service. Examples included are not meant to be all-inclusive.

Arranged	Corresponded	Prepared	Referred
Scheduled	Coordinated	Coordinated	
Facilitated	Convened		

Refrain from using words like Supervised, Observed, Trained, Provided, Counseled, De-escalated... as these are direct service functions that are not billable under Targeted case management.



Case Management Q &A

Q: Why is case management sometimes referred to as “targeted case management?”

A: Case Management is a covered service for *only certain target populations*, and thus the term, “targeted” case management.

Q: How frequently do I need to review a client’s case plan/ plan of care?

A: At a minimum, the case manager must review the case plan in writing every six months. However, if the person developing the plan decides to review it more frequently, the case manager should document this in the case plan. Please note that reviewing a Plan of Care (POC) should be billed as ongoing & monitoring (W7071) not POC (W7061).

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Assessment 1
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Service
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How Should the “Assessment” be Documented in Case Notes?

Face to face activities focusing on needs identification of the individual / family for any medical, educational, vocational, social or other services is the assessment component of case management.

Specific activities that should be found under this phase of case notes include, but are not limited to: taking client history, identifying the need /strengths of the individual and family, gathering information from collaterals and writing up the assessment. The initial meeting with client/guardian/parent,

discussions with other professionals, requesting information from other providers, can all be billed under the assessment phase if documented properly. Please ensure that the “assessment” portion of the case notes do not include any ongoing activities. Assessment should only contain “evaluation” information of the client/family. If ongoing monitoring had to be provided prior to completion of an assessment due to an emergency situation, please ensure that the case notes reflect the rationale. The assessment must be completed within 30 days of service

coordination.



How Should the Plan of Care be Documented in Case Notes?

This component builds on the information collected through the assessment phase. This time is spent on developing goals and it should be proactive with client/family and collateral input. As is the case with the assessment, the plan of care case notes should not have any ongoing service coordination activities, unless in an emergency situation. An Example of a plan of care note is

“The plan of care builds on the information collected through the assessment phase”

as follows: “ This case manager met with client today and went over the issues identified during the assessment phase. With the input of

client, family, etc., we developed short and long term goals to meet the assessed needs.”

Please keep in mind that if service coordination was provided due to an emergency, the case note should reflect the rationale and the plan of care must be completed within 30 days of service coordination.

The Ongoing Phase

This component includes those activities necessary to ensure the plan of care is implemented effectively and is meeting the needs of the individual / family adequately. Coordinating services that the client needs, making necessary adjustments in the case plan, following up with service providers, linking individuals with services and scheduling appointments, are a few examples of service coordination. Verifying through regu-

lar contacts with service providers that appropriate services are provided in accordance with the service plan and assuring through contact with the recipient that he/she continue to participate in the service plan and is satisfied with the services are all components of service coordination.

NEXT ISSUE:

TARGET POPULATIONS!

If you have any specific questions on this or any other topic, please send it in!

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