Policy and Procedure Milwaukee County Behavioral Health Division SAIL	Date Issued 8/20/09	Section WIser Choice	Policy Number 8.4	Page 1
	Date Revised 11/1/2011	Subject: Case Notes/Documentation Policy for Recovery Support Coordinators/Case Management		

1. POLICY:

Case notes serve as the basis for planning and continuity of care and are an important part of the chronological record of care. It is the expectation of BHD that Recovery Support Coordinators (RSC) and Case Managers (CM) will maintain current, complete, and accurate case notes. All client-related activities provided by a RSC/CM must be documented in BHD's Management Information System (MIS), CMHC or other designated system.

2. PROCEDURE:

These standards apply to all WIser Choice RSC/CM.

1. All medical record entries shall be timed and dated. Medical record entries shall be made promptly.

2. The required *minimum* standard shall be for progress notes to be finalized and in the medical record **within 5 working days** of client contact. The *preferred* standard is within **24 hours**.

3. If 5 days have elapsed beyond the day of direct client contact, the late information shall be entered, documenting the actual date and time of the entry. Make reference to the time/date of the contact that is being documented (e.g., "12/15/07 – 1400 – Late Entry – On 12/13/07 at approximately 0900, the client was seen at his apartment…").

4. Exceptions to the 5 day allowable minimum standard are situations where the *No Contact Case Management Policy* applies, and in crisis situations. In these cases, the expected standard for documentation shall be **24 hours**.

5. The above documentation requirements apply only to *direct* services (i.e., face-to-face or telephone contact with the client) versus indirect services (i.e., collateral contacts, business-related phone calls, etc.). However, even in the case of indirect service, there are certain situations where collateral information may be of such importance that providers are advised to apply the higher, direct service documentation standard.

6. Recovery Support Coordination Agencies are reminded of the importance of timely documentation for risk management purposes and are strongly recommended to exceed the minimum standard when there are changes in the client's clinical condition.

The following additional procedures are specific to all WIser Choice RSC/CM:

1. Documentation requirements apply to direct services (i.e., face-to-face or telephone contact with client) and indirect services (i.e., collateral contacts, business-related phone calls, etc.).

2. Documentation of client contact or contact attempts must be recorded in BHD MIS case notes at least weekly for RSC's and bi-weekly for CM's (i.e. notes documenting your face-to-face

contacts or attempts to make a face-to-face contact). If the client indicates that he/she does not desire weekly face-to-face contact, this must be referenced in a case note.

3. Case notes must be reflective of the movement towards recovery and include changes in the level of care, changes in providers, additional services, and disenrollment information.

4. Documentation Requirements

   a. General Documentation:
   Case notes shall address all of the following life domains: substance abuse, basic needs, social network and family involvement, including children, daily living skills, housing issues, employment, education, finances and benefits, mental health, physical health, trauma and significant life stressors, crisis prevention and management, legal status, medication administration and treatment, and any other domain identified in the SCCP. All signed consent forms for disclosure of information must be documented.

   b. Development of a Recovery Support Team (RST):
   Case notes shall be entered to reflect the efforts made to assist the client to identify and invite new team members. It is common for the initial RST to be made of mostly formal supports. However, case notes must reflect the progress made to expand the client's informal/natural support system.

   c. Recovery Support Team Meetings:
   Both RST meetings that occur regularly and those convened to address an emergency situation must be documented in the case notes. All attempts to schedule or hold a RST meeting (which did not occur) must be documented along with the reason it did not take place.

   d. Service/Care Plan Documentation:
   Case notes shall include all of the following: care and service facilitation activities provided to or on behalf of the client, as well as information regarding treatment/ancillary service providers and natural supports who are or will be responsible for providing care to the client.

   e. Outcomes/Surveys:
   Case notes shall include information regarding the type of data collection (i.e. Intake GBH, discharge GBH, etc)

   f. Service Delivery:
   Case notes shall address all of the following: initial and updated SCCP's, Service Authorization Requests statements (i.e. SAR was submitted for change in level of care, etc), any request made by the client for a change in services or service provider and the response by the BHD Administrative Coordinators to such a request, records of referrals on behalf of the client, descriptions of significant events that are related to the client's SCCP, information regarding the client's service plan, and information that can provide an overall understanding of the client's ongoing level and quality of functioning, case conference and consultation notes, reports of treatment, or other activities from providers.

   g. Discharge:
   Case notes shall include all of the following: brief discharge summary and any related information, information that is appropriate for the client service record, and the reasons

for discharge (i.e. client's progress, etc.). For unplanned discharges, case notes will document the circumstances as determined by the client or the provider. For planned discharges, case notes will document the circumstances as determined by the client and recovery team, as well as contact made with clinical and/or ancillary service providers advising them of client's discharge.

7. The case notes must provide a description of what occurred during the course of the contact, the content of the interaction/discussion, where the contact occurred, the type of contact (i.e., phone, face-to-face, written) and impression (if any) that the writer may have regarding the contact, and the outcome of the contact.

8. When a RSC/CM is on vacation, sick leave, or a planned absence, a case note referencing this should be entered. The case note should indicate the dates the RSC/CM will be gone and the name(s) of the person(s) who will be covering for him/her. This case note should be entered prior to the RSC/CM's absence.

9. Per HIPPA guidelines, any time protected health information about a client is released (i.e., SCCP, Court information, Referrals, etc.), it must be documented in BHD MIS.

10. Any contact or activity on behalf of the client/ family should be recorded in the BHD MIS using the following definitions of RSC/CM Case Activity Codes.

SC2046 – RSC Develop/Maintain SCCP (RSC/CM)

- This code is not to be used to document changes made to the SCCP during the RST;
- When a team meeting does take place, it should be recorded as SC2047;
- Contacts with a client within 24 hours of notification by the CIU or BHD - immediately if the client is pregnant or has emergent needs - to develop a preliminary Single Coordinated Care Plan (SCCP) with the client, based on the comprehensive screen conducted by the central intake unit (CIU), to address the most immediate needs;
- Assistance to the client to develop a Recovery Support Team consisting of both formal and informal/natural supports within two weeks of RSC authorization. Formal supports should include representatives from each system involved with the client and family (e.g., criminal justice, child welfare, W-2, AODA treatment, mental health, etc.). Examples of informal/natural supports include relatives, friends, neighbors, clergy, congregation members, etc. The purpose of the team is to assist the client to develop and achieve his/her recovery goals;
- Reviews and updates of the SCCP in response to emergent needs which occur outside the RST team meetings;
- All attempts to schedule and reschedule RST meetings;
- Revisions of the SCCP document prior to the submission of the most current SCCP to BHD with service authorization requests.

SC2047 – RSC Conduct RST Meeting (RSC/CM)

- Recovery team meetings conducted at least monthly; emergency team meetings should be scheduled as needed; (the client must be present for a meeting to be considered a recovery support team (RST) meeting – otherwise it should be coded as Case Management SC2049);

- Further developments of the SCCP with the client and the Recovery Support Team, within a period of time specified by BHD policies and procedures, based on the comprehensive screen and other relevant information;
- Development, with the help of the Recovery Support team, of a plan that identifies sources (in addition to BHD) to pay for services, and the documentation of the plan in the SCCP.

SC2048 – RSC Monitor Case (RSC/CM)

- Review caseload in the BHD MIS to identify activity coming due and/or client service utilization;
- Identifying community supports/resources for client;
- Document RSC/CM episode closing, documenting level of improvement and closing reason;
- Suggestions to treatment providers when RSC services may be needed.

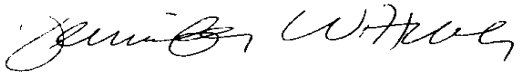
SC2049 – RSC Case Management (RSC/CM)

- Efforts to locate clients, upon RSC/CM authorization;
- Contacts with client (at least weekly for RSC's, at least bi-weekly phone contact for CM's);
- Reviews of SCCP adherence; efforts to address problems and barriers that arise;
- Reviews of service authorization lapse dates. Submission of service authorization requests and SCCP to BHD via supervisor. Reviews of the provision of services by agencies as called for in the SCCP;
- Assistance to the client in choosing services consistent with the SCCP and providers of those services in a manner that ensures informed choice;
- Assistance to the client in accessing recovery support and treatment services;
- Provision of case management services as required, including:
    - Coordination of medical appointments and medical inquiries
    - Coordination of social services (DSS, SSA, foster care, payee)
    - Coordination of independent housing search
    - Coordination of legal advocacy (probation/parole officer, attorney, courts)
    - Coordination of benefits
    - Attendance at appointments and court hearings with clients as necessary
- Intervention as appropriate to assure clients get to their treatment and other appointments, etc.;
    - Provision or arrangement for public, agency, or other transportation, as needed, to enable clients to attend recovery-related appointments, meetings, court hearings, etc.
    - Provision of 24-hour, 7-day-a-week crisis access to assigned clients;
    - RSC/CM absence from work or temporary closure of agency.

SC2050 – RSC Data Collect & Rpt

- Completion of required outcome data collection instruments for each client at disenrollment and when required by specific grants. These instruments capture the Government Performance and Results Act (GPRA) data required by SAMHSA as well as information required by the State of Wisconsin Bureau of Mental health and Substance Abuse Services (BMHSAS).
- Administration of client satisfaction instruments according to a protocol to be designed by BHD, as needed.

APPROVED BY:



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