



# TBI Waiver Documentation Training

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**GOALS**  
**OBJECTIVES**

# LEARNING GOALS

- Why Monitoring is Important
- Tools to be used
- Services to be monitored
- Provider Expectations & Requirements
- Medicaid Documentation Do's & Don't(s)

# Anticipated Start Date for Monitoring Projected for December 2019 (Excluding OT, ST, PT Providers)



# Disclaimer

Although the state has not approved the TBI Clinical Coverage Policy; The state has said that providers are to use service definitions found in the TBI waiver application.



# WHY WE MONITOR

**GOTCHA!**



**GOTCHA!**

# WHY WE MONITOR

MCOs have been assigned oversight responsibility for assuring that the provision of publicly-funded Mental Health, Intellectual/ Developmental Disabilities and Substance Abuse Services within each LME/MCO catchment areas meet standards and requirements set forth in applicable federal and state laws, rules, regulations, implementation updates, bulletins, manuals, Clinical Coverage Policies, the 1915 b/c Waiver and the NC State Plan for Medical Assistance.



(JCB #254)

# WHY WE MONITOR

- Ensure compliance with standards
- Improve outcomes for those that we serve
- Ensure services are provided in a timely manner with efficacy
- Help providers identify strength's and weaknesses within their organization

# MONITORING TOOLS

Tools can be found on the NC Division of  
MH/DD/SAS Provider monitoring page at  
<http://www.ncdhhs.gov/mhddsas/providers/providermonitoring>

# TYPES OF MONITORING

- Agency Routine ←
- Agency Post Payment ←
- AFL
- HCBS
- Health and Safety Check
- Targeted Monitoring/Investigation

# Sample

How do we create sample?

- Randomized samples are taken from paid claims for a three or four month period;
- We calculate date 6 months prior to review and then 3 months forward from that:
  - Monitoring takes place in **January**;
  - 6 months prior is **July**;
  - three months moving forward is **October**;
  - randomized sample of 30 claims is taken from paid claims from **July through October**.

When will you receive the sample?

- Initially you may receive the **general date range** of claims.
- A week before the monitoring you will be **sent a list of members** that will be reviewed.
- The morning of the monitoring you will receive a **full list of the claims** to be monitoring including DOS and service.

## DHHS Post-Payment Review Tool for Providers

ITEM:	REVIEW ITEMS:
1.	Is there evidence the provider agency meets the access standards related to appointment availability (emergency, urgent and routine need)?
2.	Is there evidence the provider agency meets the access standards related to Office Wait Time (scheduled, walk-ins and emergency)?
3.	Is there evidence the provider agency provides physical access, reasonable accommodations, and accessible equipment for enrollees with physical or mental disabilities?
4.	Is there a valid consent for treatment in the service record?
5.	Is there a valid service plan current for the date of service? From date: To date:
6.	Is the service plan individualized?
7.	Does the recipient meet entrance criteria per the service definition?
8.	Does the documentation indicate that the requirements of the service definition/rule were met?
9.	Is there a service note signed by the person who delivered the service within the required timeframe?
10.	When required by Clinical Coverage Policy or State-funded service definitions, and as authorized by the consumer, there is documentation that coordination of care is occurring between the providers involved with the individual.
11.	There is evidence that the provider serves as the first responder or has made arrangements through a written agreement with another entity for access to 24-hour coverage for behavioral health crisis services.
12.	Does the service note relate to the goal(s) listed in the service plan?
13.	Does the documentation reflect treatment for the duration of the service billed?
14.	Is the service note individualized and specific to the date of service?
15.	Does the documentation include an assessment of progress toward goals?
16.	Do the units billed correspond to the duration documented on the service note?
17.	Is there documentation that the staff is qualified to provide the service billed? Staff name:
18.	Is the staff supervision plan implemented as written?
19.	Was there a Health Care Personnel Registry check completed for the staff prior to this event's date of service [unlicensed employees only]?
20.	Did the provider agency require disclosure of any criminal conviction by the staff person(s) who provided this service?
21.	Was the appropriate criminal record check completed prior to this date of service?

- This tool looks at service documentation, staff qualifications, elements of service definitions, plans of care, as well as coordination of care and first responder requirements.
- Tool contains separate Staff Qualifications sheets and some additional service specific sheets
- The first three questions concern access to services

## DHHS Routine Monitoring Tool

1.	There is evidence that the individual or legally responsible person has been informed of their rights.
2.	The individual has been informed of the right to consent to or to refuse treatment.
3.	The individual is informed of the right to treatment, including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability.
4.	The individual has been notified that release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164.512 of HIPAA.
5.	Authorizations to release information are specific to include the individual's name, the name of the facility releasing information, the name of the individual to whom information is being released, the specific information to be released, the purpose, the length of time the consent is valid, and the signatures of the individual/legally responsible person. <b>[This item is automatically scored based on results from the Record Release Checklist]</b>
[Requires 85% across the sample & section]	
6.	When required by Clinical Coverage Policy or State-funded service definitions, and as authorized by the consumer, there is documentation that coordination of care is occurring between the providers involved with the individual.
7.	There is evidence that the provider serves as the first responder or has made arrangements through a written agreement with another entity for access to 24-hour coverage for behavioral health crisis services.
[Requires 85% across the sample & section; #8 requires 100% across sample]	
8.	All Level I incidents were reported and classified appropriately according to 10A NCAC 27G .0602 - .0604.
9.	For all Level II and III incidents reported, follow-up was conducted and recommendations were implemented according to 10A NCAC 27G .0604.
10.	The agency's practice of restrictive interventions is in accordance with their agency policy and administrative code.
11.	The provider is responsive to the complaints it receives based on the timelines in the provider's policies and procedures.
[Requires 85% across the sample & section]	
12.	Medications are stored appropriately, including separate storage for each service recipient, separately for each type of use, in refrigerator, behind secure lock, and secured for individuals self-administering.
13.	All orders for medication are signed or countersigned and dated by the prescribing physician/physician extender. <b>[This item is automatically scored based on results from the Medication Review worksheet]</b>
14.	The medication label matches the physician's order. <b>[This item is automatically scored based on results from the Medication Review worksheet]</b>
15.	The medication listed on the MAR matches the physician's order, and the MAR is completed correctly in accordance with the physician's order. <b>[This item is automatically scored based on results from the Medication Review worksheet]</b>

- Effective July 3, 2017, all agencies that are nationally accredited – (2 years or more) are no longer reviewed with this tool.
- This tool deals with areas such as rights notification, incident reports, complaints, medication administration.
- Questions 6 and 7 migrated to post payment tool

ITEM:	REVIEW ITEM:
1.	Medical preparedness plan to be utilized in a medical emergency.
2.	First aid supplies are available and accessible for use.
3.	Evidence that meals/food/water is available and provided, based on staff and/or self-report of individuals served, and is confirmed by visual inspection/observation.
4.	Transportation - including accessibility of emergency information for an individual. Vehicle has equipment to meet the physical needs of the individual.
5.	Facility & grounds are safe, clean, and free from offensive odors/insects/rodents.
6.	All hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times.
7.	Individual privacy is assured.
8.	Emergency information, first aid, CPR, and poison control protocol or numbers are posted or easily accessible for staff and individuals to utilize.
9.	Medications are stored according to 10A NCAC27G .0209 MEDICATION REQUIREMENTS (if applicable).
10.	Documentation of individual's ability to self-administer medication (as applicable) is present.
11.	Criminal background check for any person(s) in the home providing services.
12.	Back-up staffing plan for caregiver illness/emergency.
13.	Applicable only to 24 hour facilities that see a Client for more than 30 days, including unlicensed AFLs - On a quarterly basis, the individual and/or legally responsible person is provided with a financial record which contains an accurate accounting record of deposits, withdrawals, fund status, interest earned, specific expenditures, type and amount of disbursements, and date of disbursements.

## DHHS Unlicensed AFL Review Tool

- Alternative Family Living (AFL) Homes – used for Residential Supports services.
- Completed once a year and initially along with HCBS before individual moves into home.
- Includes verification that staff have Criminal Background Check (CBC) and Health Care Registry Check (HCRC).
- Checks that individual health and safety needs are met.

ITEM:	REVIEW ITEM:
[Requires 100% across the section]	
1a.	Are transportation and other supports provided so people can regularly access public amenities and other transportation resources similar to those used by the community at large?
1b.	Can people regularly interact directly with other members of the community who are not paid to do so?
1c.	Efforts to obtain employment opportunities are pursued that will allow the individual to work alongside those of all abilities.
1d.	Setting is in the community among other private residences, and/or retail businesses, is in an appropriate location based on function.
[Requires 100% across the section]	
2a.	The setting is selected by people from among residential and day options that include generic settings
2b.	Do people choose their rooms (if residence) or the area they work in, etc.?
[Requires 100% across the section]	
3a.	Settings ensure protection of the individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
3b.	Do people have the space and opportunity to speak on the phone, use technology, open and read mail, and visit with others, privately and, where appropriate, overnight? (Residential Only )
3c.	Do people have a place and opportunity to be by themselves during the day? (excludes Supported Employment )
3d.	Is informed consent obtained prior to implementation of intrusive medical or behavioral interventions?
3e.	For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?
3f.	For people using psychotropic medications, have all the less-restrictive interventions been considered and determined to be inappropriate?
3g.	Do people receive the fewest psychotropic medications possible, at the lowest dosage possible?
3h.	Do people receive supports and education in understanding one's own health and opportunities to change and improve?
[Requires 100% across the section]	
4a.	Do people receive only the level of support needed to make their own decisions?
4b.	Do people exercise their rights as citizens to: voice their opinions, vote, and move about the community, associate with others, practice their religion, access their money, make personal decisions, and other rights that are important to them?
[Requires 100% across the section]	
5a.	Do people choose their daily activities, their schedules, and the locations of the activities as opposed to being "told" what they are to do?
5b.	Do people receive support needed to make choices about the kinds of work and activities they prefer?
5c.	Is there evidence of conversations and/or assessments to help identify personal preference for the kind of work and activities people want?
5d.	Do the individuals have meals at the times and places of their choosing?
5e.	Are snacks accessible and available at all times? (Excludes Supported Employment)
[Requires 100% across the section]	
6a.	Do people select the services/supports that they receive (generic community services e.g., barber, restaurant, retail stores). Do people shop, attend religious services, scheduled appointments, have lunch with family and friends, etc., in the community, as the choose?
6b.	Do people select the provider from a choice of providers?
6c.	Are risks identified and methods for minimizing them addressed?
[Requires 100% across the section]	
7a.	Have modifications been made to promote maximum access and use of physical environment for the person, if needed or requested?

## DHHS Home and Community Based Services (HCBS) Review Tool

- Home and Community Based Services (HCBS) applicable for services for individuals with I/DD (Innovations), physical disabilities, (CAP-C and CAP-DA), and TBI (new waiver.)
- 3/17/14 CMS instituted a 5 year transition period to come into compliance with home and community indicators.
- Indicators demonstrate that services are inclusive and integrated into community, e.g. key for door, able to access community, etc.
- Applies to residential services, day service and supported employment services.

# Services

- Adult Day Health
- Day Supports
- Personal Care
- Residential Supports
- Respite
- Community Networking
- Crisis Supports Services
- In Home Intensive Support
- Life Skills Training
- Natural Supports Education
- Resource Facilitation





# DHHS Provider Review Summary of Results

Alliance Behavioral Healthcare

PROVIDER NAME: Certified TBI Provider Agency  
 FACILITY NAME: Certified TBI Provider Agency  
 LOCATION: 1000 Happy Lane Place  
 NPI # / PROVIDER #: 123123456 /

MHL #: \_\_\_\_\_  
 TYPE OF REVIEW: PPR  
 REVIEW DATE(S): 9/25/2019 to 9/26/2019  
 NAME OF REVIEWER(S): Tamara Baucom, M.Ed.;Rose-Ann Bryda, QP

## Overall Summary

### Summary Results For All Post-Payment Review Items

Post-Payment Review Tool for Providers	# Scorable Records / Items	# N/A	# Met	# Not Met	% Met
Post-Payment Review Tool for Providers - Generic	0	0	0	0	0.0%
Post-Payment Review Tool for Providers - Innovations Waiver	0	0	0	0	0.0%
Post-Payment Review Tool for Providers - Outpatient Opioid Treatment	0	0	0	0	0.0%
Post-Payment Review Tool for Providers - Diagnostic Assessment	0	0	0	0	0.0%
Post-Payment Review Tool for Providers - Residential Providers (Excluding PRTF)	0	0	0	0	0.0%
Post-Payment Review Tool for Providers - PRTF	0	0	0	0	0.0%
Post-Payment Review Tool for Providers - TFC	0	0	0	0	0.0%
	0	0	0	0	0.0%

# Scorable Records / Items	# N/A	# Met	# Not Met	% Met
0	0	0	0	0.0%

### Summary Results For All Post-Payment Review Items

**Note:**

Scorable records or items do not include those determined to be N/A.

Scorable records or items Met and Overall Results that Met the 85% Threshold are shaded green.

Scorable records or items Not Met and Overall Results that Did Not Meet the 85% Threshold are shaded pink.

Items scored as **Not Met** may require corrective action as requested by the LME/MCO.

# Short-Range Goals, Task Analysis/Strategies

Service providers are required to:

- a. Develop and implement short-range goals;
- b. develop and implement task analysis/strategies;
- c. ensure short-range goals and task analysis or strategies are in place prior to plan implementation; and
- d. ensure short-range goals and task analysis or strategies are signed by the beneficiary or legal guardian.

# Short-Range Goals, Task Analysis/Strategies

- Short range goals are a break down of smaller goals to fulfill the long range goals of the ISP.
- For habilitative services, all goals should be measurable, observable, and attainable.
- There are 3 parts to each Short Range Goal.
  - Condition – is/are the circumstance(s) in which the behavior will occur
  - Behavior – is the clearly defined action that the individual will do
  - Criteria – is the measurement of performance

## Example:

- At least one time per week, Patty will wash her clothes with 3 or less verbal prompts for 2 consecutive months.
  - Condition – At least one time per week
  - Behavior – Patty will wash her clothes
  - Criteria – with 3 or less verbal prompts for 2 consecutive months

# Short Range Goals Form

[https://www.alliancehealthplan.org/providers/publications-forms-documents/#Other\\_Forms\\_and\\_Documents\\_for\\_Providers](https://www.alliancehealthplan.org/providers/publications-forms-documents/#Other_Forms_and_Documents_for_Providers)

CONSUMER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ MEDICAID ID: \_\_\_\_\_ RECORD NUMBER: \_\_\_\_\_

CONSUMER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ MEDICAID ID: \_\_\_\_\_ RECORD NUMBER: \_\_\_\_\_

## Individual Support Plan Short Range Goals

ISP Meeting Date: \_\_\_\_\_

Implementation Date: \_\_\_\_\_

### SIGNATURES

<b>Long Range Outcome:</b>			
<b>Where am I now in Relationship to the Outcome?</b> (Justification for goal. Needs identified in ISP to be addressed to meet Long Range Outcome.)			
<b>What are the prerequisite skills needed for the goal below? Does the individual supported possess these skills?</b>			
<b>Short Range Goal:</b>			
Support to Reach Goal	Who will provide Support and service location?	Estimated Frequency for Each Location (e.g. 75% of hours, 3 out of 5 days)	Target Date
Schedule to run goal	Materials needed:	Positive reinforcement	
Steps for person supported (continue steps as needed):		Staff's action (continue steps as needed):	
<b>Target Date (Not to exceed 12 months)</b>	<b>Date Goal was reviewed</b>	<b>Status Code</b>	<b>Progress toward goal and justification for continuation or discontinuation of goal.</b>
/ /	/ /		
/ /	/ /		
/ /	/ /		
<b>Status Codes:</b> R=Revised O=Ongoing A=Achieved D=Discontinued			

\* **Location Codes:** 1-Consumer's Home 2-Day Program 3-Residential Facility 4-Community 5-Place of Employment 6-Volunteer Site 7-Worker's Home 8-Other (Please specify)

I participated in the development of these Short Range goals to address needs identified to meet my Long Range Outcomes. These Short Range goals currently are addressing my needs.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legally Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Qualified Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other team member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other team member

\_\_\_\_\_  
Date

(Please repeat page as needed)

## Sample Individual Support Plan Short Range Goals

**ISP Meeting Date: 9/25/19    Implementation Date: November 1, 2019**

<b>Long Range Outcome: Patty is able to maintain her wardrobe by keeping it clean.</b>			
<b>Where am I now in Relationship to the Outcome?</b> (Justification for goal. Needs identified in ISP to be addressed to meet Long Range Outcome.) Patty would like to live in her own apartment one day. In order to do so, she would like to learn to do her own laundry. Her mother has always done it for her in the past, but Patty has expressed an interest in learning to do it on her own. She is very motivated to live in her "own place" and would like to gain the skills necessary to be as independent as possible.			
<b>What are the prerequisite skills needed for the goal below? Does the individual supported possess these skills?</b> Patty knows that her dirty laundry should be placed in the clothes basket in her room. She does a good job of putting her dirty clothes in the clothes basket each night. She is currently learning to distinguish the difference between darks and whites. She also needs to learn how to measure the appropriate amount of detergent for each load of laundry (smaller loads vs. larger loads) and how to operate the dials on the washing machine. These are not skills that she is able currently able to do. Staff will need to work with Patty to develop these skills through the course of running this goal.			
<b>Goal# 1A.    Short Range Goal: At least 1x per week, Patty will wash her clothes with 3 or less verbal prompts for two consecutive months.</b>			
Support to Reach Goal	Who will provide Support and service location?	Estimated Frequency for Each Location (e.g. 75% of hours, 3 out of 5 days)	Target Date
<b>In-home skill building</b>	Acme Agency-IHSB staff Location #1	<b>10 hours/week</b> (100% at consumer's home)	<b>1/31/2014</b>
<u>Schedule to run goal</u>	<u>Materials needed:</u>	<u>Positive reinforcement</u>	
Patty will work on this goal by completing 1-3 loads of laundry per week. This will take approximately 1-3 hours/week depending on number of loads of clothes needing to be washed.	Washer, dryer, detergent, clothes basket, dirty clothes	Patty will receive verbal praise when tasks are completed successfully. Patty also responds well to "thumbs up" signs.	
<u>Steps for person supported (continue steps as needed):</u>		<u>Staff's action (continue steps as needed):</u>	
<ol style="list-style-type: none"> <li>1. Bring clothes basket with dirty clothes down to laundry room.</li> <li>2. Sort laundry into lights and darks</li> <li>3. Put clothes items into washer</li> <li>4. Measure the amount of soap needed per size of the laundry load</li> <li>5. Select appropriate cycle and start washer</li> <li>6. When washer stops, remove clothes</li> </ol>		<ol style="list-style-type: none"> <li>1. Staff will prompt Patty to bring the clothes basket to the laundry room and provide physical prompts as needed when navigating the stairs.</li> <li>2. Provide prompts as needed to keep Patty on task.</li> <li>3. Prompt as needed to keep Patty on task and to avoid placing too many clothes in the washer at one time.</li> <li>4. Provide verbal and physical prompts as needed to ensure Patty uses the correct amount of soap.</li> <li>5. Provide verbal and/or physical prompts as needed to ensure that Patty selects the appropriate cycle and remembers to push the start button.</li> <li>6. Provide prompts as needed.</li> </ol>	

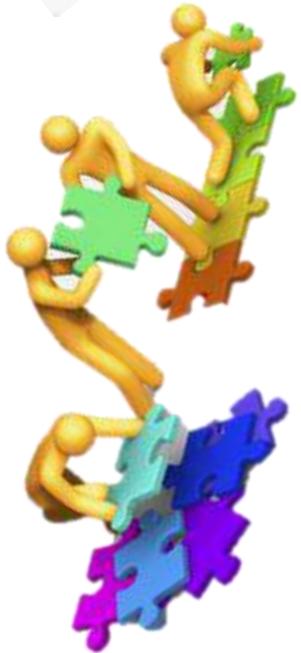




# Short-Range Goals, Task Analysis/Strategies

Task Analysis/Strategies: list the steps for task completion or strategies for the person supported.

- A task analysis would be used to assist a participant with a specific self-help or daily living skill.
- A strategy is a long-term plan of action designed to achieve a particular outcome. Strategies are used to make a problem easier to understand and solve. Goals around behavioral needs may be more appropriate to have strategies listed in this section.

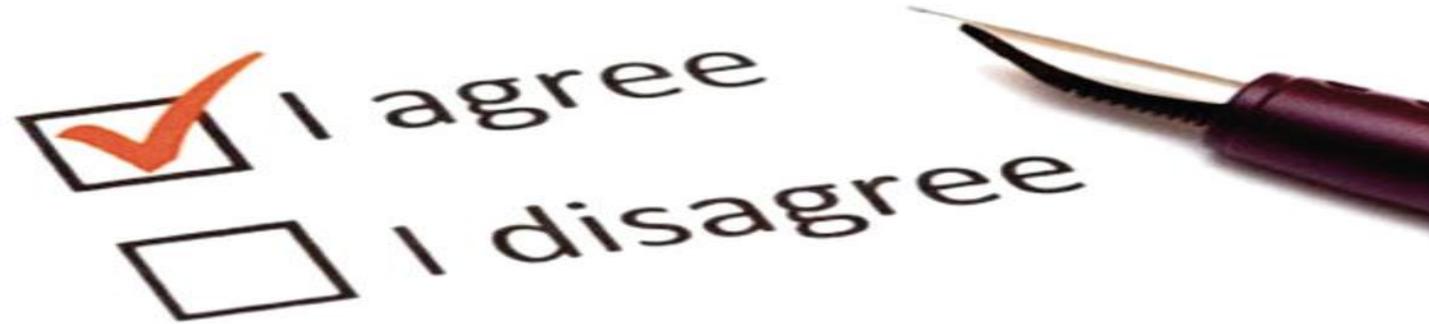


# Short Range Goals

Short range goals must be signed by the Qualified Professional that wrote the task analysis/strategies and the Individual or Guardian.

- The designation of a legal representative, or Legally Responsible Person [LRP], can occur in different ways. When the LRP is a relative of an individual, a copy of the appropriate legal papers must be filed in the individual's service record as verification of the legal relationship.
- When the local department of social services, or any other public or private agency, has legal custody of an individual, the provider agency must obtain a copy of the court order and file it in the service record in order to verify that agency's authority to act on behalf of the individual.

# Consent for Treatment and Consent for Emergency Treatment



- A consent for treatment shall be signed by the individual and/or legally responsible person.
- Clients have the right to refuse treatment as described in the statute without threat or termination of services except as outlined in the statute.
- Consent for treatment may be withdrawn at any time.
- A written consent that grants permission to seek emergency medical care from a hospital or physician shall be obtained from the individual or legally responsible person.
- Per 27D .0303(b), there must be informed written consent for planned use of a restrictive intervention. Note: Any planned restrictive interventions must be included in the plan (as applicable).



# Crisis Services



Providers of the following services must be enrolled to provide crisis services or have an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider: **Residential Supports, Life Skills Training, In Home Intensive Support, and Personal Care.**

# Requirements per Service Definition

There are certain requirements noted in the service definitions that are not captured elsewhere in the monitoring tool. These will be scored on the post payment tool Item #8: Does the documentation indicate that the requirements of the service definition/rule were met?

These include:

- If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance.
- Staff that work with beneficiaries must be qualified in CPR and First Aid.
- Sometimes included are staff ratios, experience before hire, supervision requirements, and specialty staff requirements.

# Accessibility – Question #3 on tool

Applicable for the following TBI services based in a facility - Out-of-Home Crisis Supports, Adult Day Health, Day Supports, Residential Supports and Respite.

- We will observe the following accommodations for enrollees with physical disabilities: handicapped parking and entrance ramps; wheelchair accommodating door widths; and bathrooms equipped with handicapped railing.
- We will review office policies and procedures specific to facility accessibility, referral to other providers if needs of an individual cannot be accommodated, communications with limited English proficient enrollees, and culturally competent communications.

ITEM:	REVIEW ITEM:
1.	Position
2.	Name
3.	Date of Hire
4.	Credentials Date:
5.	Education Date:
6.	Experience per Rule Date:
7.	Experience per Service Definition Date:
8.	Job Description Date:
9.	Licensed Professional, as applicable Date:
10.	Is there a Supervision Plan, written and Implemented according to Rule? Date:
11.	Is supervision being provided according to the service definition? Date:
12.	Agency Orientation Date:
13.	Training to meet the needs of clients as specified in the treatment plan Date:
14.	Training in Client Rights Date:
15.	Training in Confidentiality Date:
16.	Training in Infectious Diseases and Bloodborne Pathogens Date:
17.	Medication Administration Training Date:
18.	Training in Alternatives to Restrictive Interventions Date:

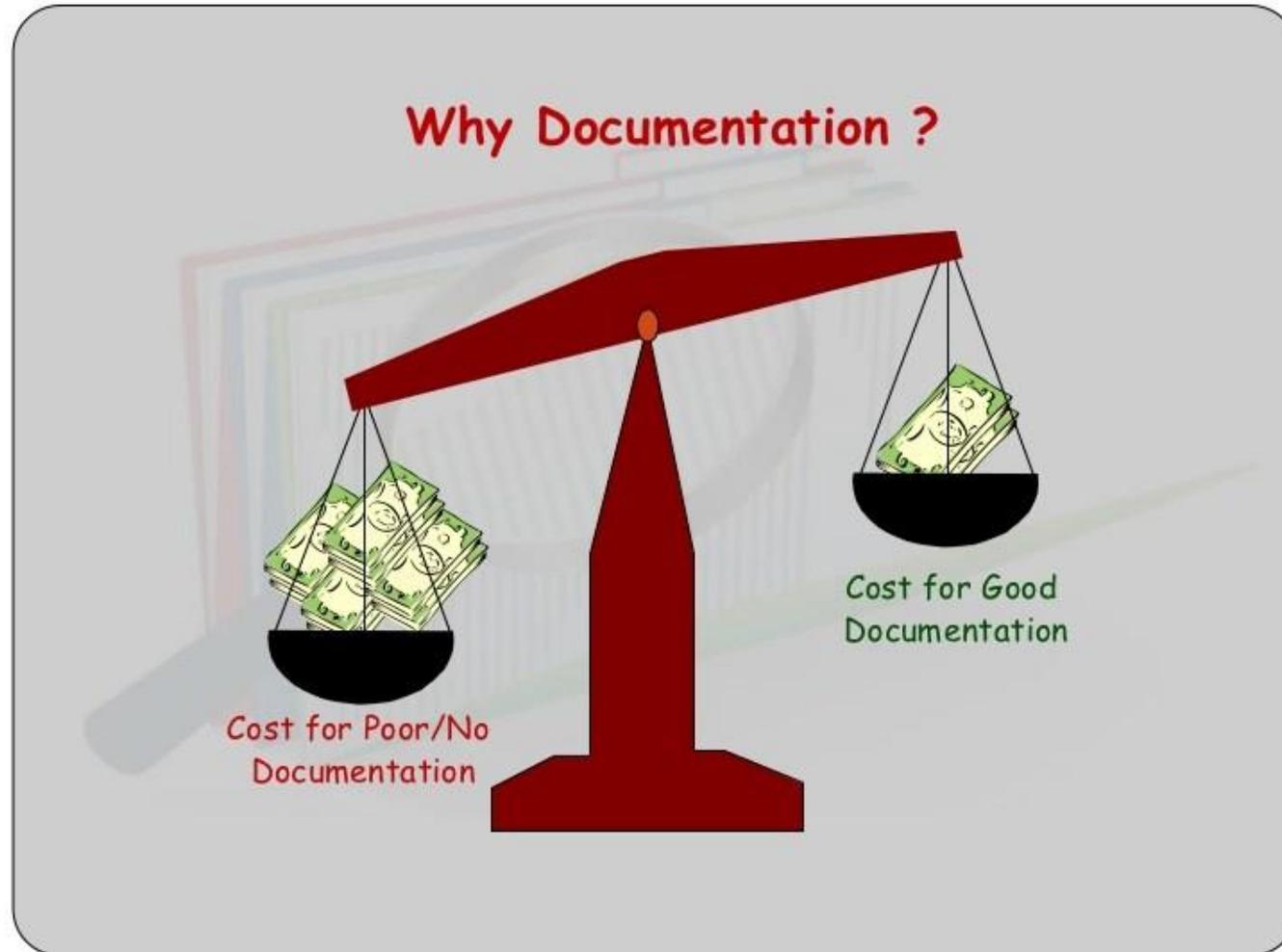
# Staff Requirements

- Position, Name, Date of Hire, Credentials
- Education – verification required
- Experience per Rule; Experience per Service Definition
- Job Description- must be signed by staff and supervisor
- Licensed Professional documentation of current licensure
- Is there a Supervision Plan, written and Implemented according to Rule? Is supervision being provided according to the service definition?
- Trainings :
  - ✓ Agency Orientation
  - ✓ Training to meet the needs of clients as specified in the treatment plan
  - ✓ Confidentiality
  - ✓ Clients Rights
  - ✓ Infectious Diseases and Bloodborne Pathogens
  - ✓ Medication Administration
  - ✓ Alternatives to Restrictive Interventions

# Staff Requirements

- Evidence that the staff is qualified to provide the service billed (from staff qualification sheet)
- Staff supervision plan is implemented as written
- Health Care Personnel Registry check completed for the staff prior to this event's date of service
- Provider agency requires disclosure of any criminal conviction by the staff person who provided service
- Appropriate criminal record check completed prior to this date of service

# DOCUMENTATION MATTERS!



# Documentation Do's and Don'ts

## *DO enter information that is:*

- Accurate – document the facts as observed or reported;
- Timely – record significant information at the time of event since delays may result in inaccurate or incomplete information;
- Objective – record the facts and avoid drawing conclusions;
- Specific, concise, and descriptive – record in detail rather than in general terms; be brief and meaningful without sacrificing essential facts;

# Documentation Do's and Don'ts

## *DON'T enter information that:*

- Is unprofessional, critical of treatment carried out by others, or biased against an individual unless accompanied by a statement reflecting the need for documentation of the information;
- Personally identifies other service recipients [with the exception of family/marital records]. If a provider must reference another individual in the record, the other person may be referenced by using his or her initials, record number, or letter/numbers, etc.;
- Clearly identifies non-service-recipient(s), significant other [spouse, sibling, girl friend] by name. The use of the names of non-service recipients should be limited to those situations when the responsible professional determines that the use of the individual's name is clinically pertinent.

# ABBREVIATIONS

Agencies shall develop a policy and procedures regarding the development, use, and maintenance of an abbreviation list; Only symbols and abbreviations contained in the agency's abbreviation list, or abbreviations listed in a standard dictionary and referenced in the provider agency's policy, may be used when entering information in the service record.



# FROM THE REVIEWER'S VIEW:

- Back dating of notes/no addendum updates;
- Use of white out correction fluid;
- Using service plan templates from year to year;
- Errors in record do not follow proper correction standards;
- Client's name missing from documentation;
- Missing signature of client or LRP;
- Hand written signature with a typed date;
- Identical notes from month to month;
- Falsifying records;
- Overbilling for services.



# WHAT HAVE YOU LEARNED



YES

OR

NO

# Example 1

It was a long day at work! Cary forgot to sign her service note after her shift. She realized this and immediately called back to the office and asked the 2<sup>nd</sup> shift person to sign, initial and date the note for her.

Is this ok considering she has NEVER done this before?

**NO!**



# EXAMPLE 2

Roger hurt his hand on the job while trying to assist a co-worker with de-escalating a client. Due to this injury, he is unable to sign his service notes and uses a signature stamp while he is on the mend.

Is this ok?

NO!



# EXAMPLE 3

Danny has a DSS guardian. Although agency staff have invited the social worker to the planning meeting, she has not come. They have asked the guardian to sign the short range goals several times, but have not received an answer. They document their attempts to reach the guardian.

Is this the right thing to do?

# YES!



# Example 4

Doug is writing his service note and he realizes that he used the word “their” instead of “there,” to correct it he draws a line through the incorrect word and puts his initials and date next to it and writes in the correct word.

## Is this Okay?

# YES!

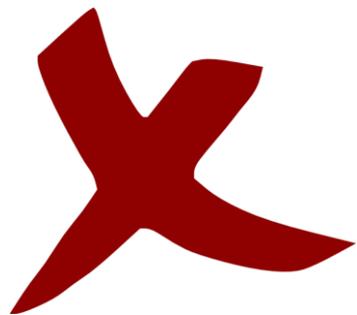


# EXAMPLE 5

Andrea has been in a living assisted facility for 3 years now. She has made significant progress with her goals. Since she has been improving **so** much, her staff used the same service notes from June and July and amended the date.

Is this Okay?

NO!



# References

- Division of Health and Human Services (DHHS)
- Division of Health Benefits (formerly) DMA
- TBI WAIVER- Approved by CMS 5.1.2018
- RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE FACILITIES AND SERVICES 10A NORTH CAROLINA ADMINISTRATIVE CODE 27G (APSM 30-1)  
[https://files.nc.gov/ncdhhs/documents/files/apsm30-12-3-15\\_0.pdf](https://files.nc.gov/ncdhhs/documents/files/apsm30-12-3-15_0.pdf)
- Records Management and Documentation Manual (APSM 45-2)  
<https://files.nc.gov/ncdhhs/documents/files/rm%26dm-manual8-1-14.pdf>
- CCP (Clinical Coverage Policy)
- Monitoring Tools <https://www.ncdhhs.gov/document/provider-monitoring-tools>

# Questions Asked

Will an updated service definition be posted?

For AFL, how often will they do reviews?

Will the providers receive a checklist to review and prepare what will be monitored?

Is there a specific location on the website where all of the forms for the waiver are kept?

# Q&A





*for all you do*  
*We*  
*Appreciate*  
*You!*

