Case Note Documentation Guide

DSDS Assessors and Provider Reassessors

1. Non-Assessment Contact Documentation

☐ Document ALL contacts and attempted contacts.

- All contacts made on the **same** day can be included in one case note but with a clear separation between the contacts.

☐ Identify the type of contact made (phone, face-to-face, e-mail, etc.).

☐ When contacting a provider, note the provider agency's name, the name of the provider staff, and the phone number used.

- If the contact was made via e-mail, note the e-mail address used.

2. Assessment Documentation

☐ Where was the assessment completed?

☐ Who was present for the assessment? Who responded to the assessment questions?

☐ Is there a POA/DPOA, guardianship, or authorized medical representative?

☐ Living Arrangements:

- Does the participant live alone or with other persons?
- If other persons in the home are authorized for HCBS, document how services are to be coordinated to avoid duplication of tasks. (See "Directions to Residence Box" below, regarding documentation of the identity of other HCBS participants.)
- If the participant lives with others, are they minors or have a disability that would prevent them from assisting with cleaning shared spaces or meal preparation?
- Is the participant currently admitted to a hospital/facility/inpatient rehab? Note the reason for admission and expected discharge date.

☐ Participant's Need for HCBS

There is no need to duplicate information from the assessment; instead provide further detail about:

- Note the primary health condition(s) and how they create a need for HCBS;
- Document the physical/mental limitations causing the participant to need assistance with daily tasks; information should help justify tasks on care plan;
- Clarify coding of Section G: What type of assistance does the participant need with ADLs/IADLs? (e.g. assistance needed in/out of bath)

☐ Participant's Environment and Safety

- Condition of Home
  - Include a general statement about the physical condition of the home.
  - Additional clarity should be provided for issues coded in section Q.
  - Note if a referral was provided for resources/assistance.

2. Assessment Documentation, continued

☐ Participant's Environment and Safety (continued)

- If "F1f - Neglected, abused, or mistreated" is coded as anything other than zero, clarify if referral was needed or if situation is resolved.
- If a situation merits a referral to Adult Protective Services, the HCBS case record documentation should state "Appropriate referral was made."

☐ Participant's Supports & Procedures

- Explain coding for vague InterRAI questions, such as:
  - **J7b**- Condition that is unstable
  - **K2e** - Physician ordered therapeutic diet
  - **K3** - Mode of nutritional intake
  - **M4** - Complex drug regimen coded "yes" for persons taking less than 9 Rx Meds
  - **N2o** - Other respiratory therapies
  - **N2p** - Other non-routine preventative treatments (see InterRAI Section N: Preventative Treatments Quick Guide)
  - **N7** - Condition monitored on monthly basis
- Formal Care (N3) - If participant is receiving services that would impact the authorization of HCBS (e.g. HDMs, hospice), document the type of assistance being provided, how often, and for what period of time; information will assist with care plan development.
- Restorative Services (N6) - Agency providing the service? Contact information for the agency, if available.
- Informal Caregivers (section P) - Type of care being provided? Will caregiver continue to assist?

☐ HCBS Forms

- If the participant is unable to sign and/or understand the forms, and there is no authorized representative, document why the participant cannot do so.
- At initial assessment, document that the Physician Notification Form was sent to the participant's Primary HealthCare Provider. **(DSDS Assessor Only)**

☐ Assessor Signature - Sign each case note with First Name, Last Name, Position Title, & HCBS Region or Provider Agency Name (for Provider Reassessors, provide an agency associated email address).

3. Care Planning Documentation

☐ Document any discrepancies between the coding of the assessment and the tasks on the care plan. E.g. if a participant is coded as needing bathing assistance due to safety risks but refuses assistance due to modesty concerns.

☐ If tasks are authorized above suggested time/frequency, or above what would be expected based on the coding of the InterRAI, provide an explanation for why additional time/frequency is needed.

3. Care Planning Documentation, continued

☐ At reassessment, if units are reauthorized with no change, or increased despite recent underutilization, the reason for underutilization should be explained.

☐ Document all actions that adversely affect a participant's services.

- Any decisions to reduce/remove services should be explained
- Document whether the participant/representative was in agreement with the change(s) to services

☐ Provider Selection

- Initial Assessment: Document the participant's preferred provider & if needed, an alternate provider. **(DSDS Staff only)**
- Reassessment: Document the participant's satisfaction with current provider or the preferred provider if a change is requested.
- If a participant does not have a preferred provider document that a list of available HCBS providers was given to the participant; Provider Reassessors note that a list was requested via the Provider Reassessor Notification Portal.

☐ Clarifying Authorized Tasks

- Details explaining the need for the following tasks should be noted in case notes or the Service Delivery Comment box of the care plan:
  - Assist with Transfer Device - note the device being used;
  - Nursing Task "Other" - note what specific task the nurse will asssit with;
  - CDS task "Treatments" - note what treatment is being administered;
  - CDS task "Clean/Maintain Equipment" - note the equipment being used.

☐ CDS Self-Direction

- If authorizing a participant for CDS, document that the participant is able to self-direct as well as their ability to participate in the assessment and care plan development process.
- Document issues that impact the participant's ability to self-direct; if the participant is authorized for CDS despite memory issues (Section C coding) document observations/information used to determine the participant can self-direct.
- Document when self-direct assessment tools are used to determine ability to self-direct.
- Document all collateral contacts made regarding the participant's ability to self-direct.

☐ Provider Contact re: Authorization of Services/Care Plan Coordination **(DSDS Staff Only)**

- Document the name of provider agency, name of provider staff, and contact information used.
- At reassessment, when care plan change(s) is required, document the provider contact(s) to inform of the specifics change(s) and the effective date of the change(s).

4. Directions to Residence Box

Additional case record documentation may be needed in the Directions to Residence Box in the participant's case record. This box should be utilized to provide pertinent information regarding the participant and/or household to ensure continuity of care and alert Division of Senior and Disability Services (DSDS) staff and HCBS providers of safety concerns. Below is a list of appropriate information that shall be documented in the Directions to Residence Box. DSDS staff and HCBS providers are encouraged to update any information in the Directions to Residence Box found to be outdated or incorrect.

- Directions to the participant's residence;
- Notification of potential safety concerns, to include date of case note to be referenced;
- Notification the participant is CDS restricted;
- Notification the participant receives only Case Management (CM) services within the Independent Living Waiver (ILW);
- Notification the participant is participating in Show-Me Home, the Money Follows the Person program (MFP);
- Notification the participant is enrolled in dual waivers, entered by Central Office staff, Note: This will only occur in rare instances as Medicaid participants are not typically permitted to be enrolled in more than one wavier at a time;
- Notification the participant has been approved to exceed the HCBS cost cap through the authorization of an Aged and Disabled Wavier (ADW) service; **Note:** This information will be entered into the Directions to Residence box by Central Office staff upon approval. All ADW cost cap approvals granted prior to August 2021 will not have this information in the directions to residence box. Staff & provider reassessors may add this information to these cases if case notes state LTSS granted approval.
- Name(s) and DCN(s) of other HCBS participants residing in the same household as the participant.

*** Place most recent information at the top of the box.**

5. Participant Case Summary Screen

The information found on the Participant Case Summary page should be updated at each assessment. Items to review and update, if needed, are:

- Address and Phone Number;
- Living Arrangements to match InterRAI & Case Notes;
- Physician Information;
- Other Responsible Party information
  - If participant has a legal guardian or POA/DPOA ensure necessary documentation is attached to case record.