

Stark County Board of Developmental Disabilities

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TARGETED CASE MANAGEMENT DOCUMENTATION

POLICY

Stark County Board of Developmental Disabilities (SCBDD) recognizes and is committed to the importance of accurate, thorough and professional documentation of all services provided by its employees. "Targeted Case Management" (TCM) refers to services, provided by Service and Support Administrators (SSAs), which will assist individuals in gaining access to needed medical, social, educational and other services described in accordance with section 1915(g) of the Social Security Act, effective January 1, 2006. When TCM services are documented in case notes that are compliant with state and federal standards required for billing the services, certain services become eligible for Medicaid reimbursement. SCBDD is responsible for payment of the nonfederal share of this Medicaid expenditure.

SSA services eligible for Medicaid reimbursement include: assessment; care planning; referral and linkage; monitoring and follow-up; state hearings; emergency intervention (related to the aforementioned services only, not the required availability of 24-hour per day SSA services).

TCM documentation then becomes important to SCBDD and the individuals it serves because 1) it is the record of services performed and 2) it is a significant source of revenue. SCBDD chooses to record TCM documentation through Gatekeeper, its client data base management system, and maintain all records of SSA services in a unified manner therein, regardless of whether the services are eligible for Medicaid reimbursement. Therefore, TCM documentation also is an important measure of SSA productivity.

The Ohio Department of Developmental Disabilities administers the TCM program.

Nothing in this policy and its related procedure shall relieve any person of the responsibility to comply with Section 5126.15 of the Ohio Revised Code or Section 5123:2-1-11 of the Ohio Administrative Code.

The Superintendent will develop procedures to implement this policy.

Historical Resolution Information		Reviewer(s):
Date	Resolution Number	Director of SSA/Investigative Services
9/28/13	09-66-13	
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PROCEDURE

This procedure describes how Stark County Board of Developmental Disabilities (SCBDD) will document Targeted Case Management (TCM) services. TCM is the coordination of services by a Service and Support Administrator (SSA) which assists individuals in gaining access to medical, social, educational and other services as described by Ohio Administrative Code 5123:2-1-11. TCM is a reimbursable, Medicaid service.

TCM services are documented in Gatekeeper, SCBDD's client data base management system.

TCM documentation is a measure of productivity, as well as, the record of case work activities. As a measure of productivity, each SSA is expected to document at least 100 hours per month (assuming normal work hours).

TCM documentation must be entered on a daily basis unless supervisory approval for an exception is granted. TCM documentation is recorded in real start and stop times. The case notes should be completed in an accurate and professional manner without the use of slang or unauthorized abbreviations. Case notes must be done in a manner that allows another SSA or SSA Supervisor to review the content and be able to obtain a clear understanding of the service(s) provided and the reason for the service(s).

TCM documentation should record facts. If there is a need to include an inference or deduction, the SSA should identify it as such by using phrases like "appeared to me" or "SSA's assessment is". Case note entries should describe the services provided or being planned for on behalf of an individual being served. They should address the "who, what, where, when and how" of the service coordination. Entries should be concise, but include enough detail to impart a clear understanding of what has occurred.

1. TCM documentation is eligible for Medicaid reimbursement when the documentation is reflective of tasks/services done for an individual who is eligible for county board services. There are five reimbursable categories:
 - a. Assessment
 - i. Initial and ongoing assessments of an individual's need for medical, educational, vocational, social and/or other services
 - ii. Assessments required for HCBS waiver services
 - iii. Assessments related to projecting costs for HCBS waiver services
 - iv. Assessment activities may include the following:
 - Recording the individual's history
 - Identifying the needs of the individual and completing related documentation

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- Gathering information from sources such as family members, medical providers, social workers, and educators
 - b. Care Planning
 - i. Development of an Individual Service Plan (ISP) which authorizes the services needed to respond to assessed needs
 - ii. Ongoing revisions to an ISP that are needed in response to changes in the assessed needs
 - c. Referral and Linkage – Activities that link individuals to medical, educational, vocational and/or other needed services
 - d. Monitoring and Follow-up
 - i. Monitoring of the services authorized in an ISP
 - ii. Reviewing MUI/UI trends and patterns and authoring prevention plans
 - e. State Hearings
 - i. Preparing for a state hearing related to the reduction, termination or denial of a Medicaid service
 - ii. Preparing for a state hearing related to the denial of an HCBS waiver enrollment
- 2. Elements to be included in each TCM entry
 - a. Name of the individual
 - b. Individual's Medicaid number
 - c. Date of the service
 - d. Description of the service
 - e. Location of the service
 - f. Start and stop times of the service (travel and documentation time included)
 - g. Electronic signature
 - h. SSA's name and title
- 3. TCM documentation is not reimbursable in the following situations:
 - a. Activities provided for an individual who is residing in an institution, except for service coordination done during the 180 days leading up to moving an individual into the community
 - b. The mandated 24-hour per day, on-call SSA emergency response system
 - c. Activities completed pursuant to the investigation of major unusual incidents (MUIs)
 - d. The provision of direct care services to an individual
 - e. Services to those individuals who have been found ineligible for county board services
 - f. The creation of budgets for individuals' personal funds
 - g. Services in excess of 26 units per day, per SSA, unless attested to as medically necessary
- 4. TCM documentation must be retained for six years from the date of receipt of final payment, or until such time as a lawsuit or audit finding has been resolved, whichever is longer.