

## NorthCare Network Directive

*NorthCare Network Directives are developed through a collaborative interpretation of rules, regulations, and/or policy. They are provided as a standard for those working within our Network to assist in achieving compliance and consistency in our work.*

<b>Title:</b> Documentation in Consumer Record	<b>Functional Area(s):</b> ELMER	<b>Section(s):</b> Records
<b>Directive Supersedes:</b> N/A	<b>Lead Author(s):</b> Diane Bennett Brian Bezotte Lucy Olson	<b>Per NorthCare Directives Policy Authorized by:</b> William Slavin, COO
<b>Sent for 14-day Review On:</b> March 12, 2010	<b>Effective Date:</b> June8, 2010	<b>Review/Revised Date:</b>
<b>Applies To:</b>		
<input checked="" type="checkbox"/> CMHSP <input checked="" type="checkbox"/> CMHSP Sub-Contractors <input type="checkbox"/> NorthCare CA	<input type="checkbox"/> CA Sub-Contractors <input type="checkbox"/> Other: _____ <input type="checkbox"/> Excluding: _____	

**PURPOSE**

This directive establishes standards and expectation for documentation in the consumer electronic medical record (ELMER) that will assist in ensuring compliance with regional, state, and federal requirements.

**SUMMARY**

All services provided must be documented in the clinical record. ELMER is designed to support accurate, complete and timely documentation (preferably at point of care as available and acceptable by the consumer as well as timely access and retrieval of information, clinical decision-making, and communications with stakeholders in the care process.

Clinical documentation must continuously support the need for the amount, scope, and duration of the service(s) being provided. Documentation must show medical necessity (as defined in the Michigan Medicaid Provider Manual) by demonstrating a link between the needs identified in the Biopsychosocial Assessment (BPS) and other Specialty Assessments and the identified goals in the Individual Plan of Services (IPOS). These goals must be supported by measureable objectives. Specific interventions identified in the IPOS are provided by identified clinicians, providers and/or natural supports in the specified amount, scope, and duration. This link supports appropriate documentation of medical necessity.

**DEFINITIONS**

**Point of care** – refers to the use of ELMER in close proximity to the consumer to support positive consumer identification, obtain accurate and complete information for documentation, and appropriately communicate clinical findings to the consumer.

**Close Proximity** – refers to access to information in Elmer at the time of service and/or shortly thereafter.

**Real time** – refers to the use of ELMER at the time data are captured and used.

**Alerts and Notices** – the specific alerts, reminders, recommendations, and other interventions that are generated from ELMER.

**Designated Staff** --includes staff in the following categories who are required by their CMHSP/PIHP to document in ELMER:

- Service Provider – All persons credentialed and/or privileged to provide care to consumers.
- Paraprofessionals – unlicensed care providers
- Administrative Support – Transcriptionists, Billing, Authorization, Access, UM, etc.

## **DIRECTIVES**

1. Designated staff will use ELMER as the primary means to access and retrieve information, and capture data. Clinicians are assisted in proper documentation by the alerts and notices within ELMER.
2. All documentation shall comply with the standards of administrative and clinical record keeping as specified in the Medicaid Provider Manual, Michigan Mental Health Code, MDCH Administrative Rules, Michigan Compiled Laws, and NorthCare Policy and/or Guidelines.
3. All entries are dated by month, day and year. All entries in the customer record contain the author's identification by name and credentials. Author identification may be a handwritten signature or a unique electronic identifier/signature.
4. All entries involving authorized services will indicate actual beginning and ending time of the service provided with the exception of per diem services or per item.
5. It is expected that documentation is generated at time of service or shortly thereafter when the service is provided in the office. When service is provided out in the community, documentation is expected to be completed within one to two business days of the service.
6. Assessments should be completed, with author's signature within 5 business days from date of assessment.
7. Individual Plans of Service are not effective until consumer/guardian signature or in circumstances upon verbal consent from guardian. Therefore, documentation must be completed prior to effective date.
8. When additional signatures are required, such as, a note created and signed by the provider needing a supervisor's signature, a note by a PA/RN needing a Doctor's signature, etc., it is expected that all signer's complete their review and signature within one business day of completing/receiving the documentation. **NOTE:** It is understood that there are circumstances where a supervising physician is not in the office every week resulting in a delayed signature.
9. Delayed entries are acceptable within a reasonable time period after the service, not to exceed 5 business days for the purposes of clarification, error correction, the addition of information not initially available, on weekends and holidays, or if certain unusual circumstances prevented the generation of the note at the time of service. Delayed entries should be identified as such with the reason why it is delayed.

10. It is expected that all documentation is signed by the author at time of completion.
11. In some cases, it may be appropriate to use ELMER at a nursing station or other location away from direct contact with the consumer; however, it is expected that such use will occur in real time.
12. Unplanned case closures:
  - a) Consumer withdrawal from services with active IPOS – It is expected that all clinical documentation, including a discharge summary, is completed in a timely manner and no later than 30 calendar days from the event triggering the closure. Use the appropriate CPT code to reflect service provided, e.g., non-FTF supports coordination.
  - b) Consumer withdrawal from services with expired IPOS – It is expected that all clinical documentation, including a discharge summary, is completed in a timely manner and no later than 30 calendar days from the event triggering the closure. Use non-FTF IND25 code.
13. When a “planned” termination of staff occurs, the employee’s caseload must be reviewed to assure documentation is complete prior to the employee’s last day.
  - a) Administrative closure of a service record is completed when an assigned clinician has left employment without completing discharge documentation and when closure of the service record is warranted. In these situations, a discharge summary or a discharge note should be completed stating that the service record is being administratively closed because the individual is no longer in need of services or has declined continuing services, or the assigned clinician is no longer with the agency to complete the discharge process. The supervisor authenticates the closure of the record with a dated signature denoting that he or she was the supervisor for the former assigned clinician, John Doe, MA, who is no longer with the agency. Each record being administratively closed should also be audited internally to ensure all services that were billed are properly documented, including appropriate signature(s).
14. Although it may be appropriate to print out information from ELMER for limited reference purposes away from the point of care or to supply the consumer with information, routine printouts of ELMER content as substitutes for reviewing information or documenting data online is not recommended.

#### **METHOD OF MONITORING**

Documentation Reviews

Site Reviews

#### **REFERENCES:**

NorthCare Elmer Documentation Standard Guideline