

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATION PROCEDURE

Date Issued **5/23**

Page **1**

CHAPTER Service Delivery		CHAPTER 03	SECTION 002	SUBJECT 0010
SECTION Records		SUBJECT Case Record Timeline		
WRITTEN BY Latina K. Cates		REVISED BY Amy Kandell, Tammy Schneider, Kathleen Gallagher		AUTHORIZED BY Tracey Pingitore

I. APPLICATION

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☐ Community Agency Contractors
- ☐ Residential Programs
- ☐ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure that the timeliness to case record documentation will be completed according to the time frames delineated in this administrative procedure.

III. DEFINITIONS:

- A. **Adverse Benefit Determination:** A decision that adversely impacts a Medicaid beneficiary or Non-Medicaid individuals' claim for services due to: a denial, reduction or termination of a benefit; a failure to provide or pay for a benefit; or a denial of participation in the plan. (Refer to Person Centered Planning Process Individual Plan of Service policy #03.001.0005.)
- B. **Assessment:** a tool used to determine the level of needs of an individual. (There are many types of assessments: Behavioral Assessment, Biopsychosocial Assessment, Clinical Assessment, Nursing Assessment, Occupational Therapy Assessment,, LOCUS, PECFAS, CAFAS, PCL-5, PHQ-9, etc.)
- C. **Individual Plan of Service (IPOS):** A written plan of service directed by the individual open for Services, as required by the Michigan Mental Health Code. This may be referred to as a treatment plan or support plan, which is developed using the person-centered planning process.
- D. **Periodic Review:** A tool used to record the progress, or lack of progress of current IPOS goals, implement new goals or discontinue goals as established during the IPOS.
- E. **Pre-Planning:** A scheduled meeting with the open individual and /or guardian to plan and develop goals for the IPOS.
- F. **Progress Note:** Written documentation in the electronic health record that is used to monitor

CHAPTER Service Delivery		CHAPTER 03	SECTION 002	SUBJECT 0010
SECTION Records		SUBJECT Case Records Timeline		

progress and/or no progress toward an individual's goals and/or objectives.

IV. STANDARDS:

- A. SCCCMHA and its provider network will align case record documentation time frames with the applicable regulatory agencies: MDHHS, CARF, and funding sources: Medicaid, Medicare, CCBHC, BCBS, etc.

V. PROCEDURES:

See Timeline Grid (Exhibit A)

VI. REFERENCES:

- A. MDHHS
- B. CARF
- C. Medicaid Manual
- D. Person Centered Planning Process Individual Plan of Service, policy #03.001.0005

VII. EXHIBIT:

- A. Case Record Timeline Grid

VIII. REVISION HISTORY:

Dates issued 08/06, 08/10, 05/12, 09/13, 09/14, 03/16, 03/17, 03/18, 03/19, 03/20, 05/21, 11/22.

CASE RECORD TIMELINE																	
Document Type											Signature Time Frame and Requirements (Within)					Copy Given to Individual/Guardian within 15 days	
	2 Days	7 Days	10 Days	14 Days	30 Days	35 Days	60 Days	90 Days	365 days	As Needed	48 Hours	10 Days	14 Days	35 Days	Misc.		
Initial BPS																	
Non-Emergency				X	To be completed within 14 days of Access Screening								Case Manager and Supervisor				
Hospital Discharge		X	To be completed within 7 days of psychiatric hospital discharge														
CCBHC			X	To be completed within 10 days of Access Screening													
Annual BPS									X				Case Manager and Supervisor				
Pre-Planning (To be completed for Waiver cases only)	To be completed after the BPS and prior to the IPOS												Case Manager		Individual/ Guardian- day of completion		
IPOS																	
Initial						X	To be completed within 35 days of the initial BPS						Case Manager and Supervisor	Individual/ Guardian		Budget and IPOS	
Annual IPOS	No services can be provided without a current IPOS								X	To be completed annually			Case Manager and Supervisor	Individual/ Guardian		Budget and IPOS	
Crisis Residential	X	Crisis Residential Plans that exceed 14 days require development of a substitute Plan within 48 hours											Case Manager and Supervisor	Individual/ Guardian		Budget and IPOS	
IPOS Training Logs											Required by CW, SEOW, HSW, ACT & Home Based Programs prior to Staff providing Face to Face Services. Should be attached to IPOS				Signature prior to services	Budget and IPOS	
Periodic Review	To be completed a minimum of every 90 days							X					Case Manager and Supervisor	Individual/ Guardian		Budget and Periodic Review	
Amendment										X			Case Manager and Supervisor	Individual/ Guardian		Budget and Amendment	
Progress Notes	X	All Face to Face Direct Service Progress Notes must be completed within 48 hours from date of service									X	Staff are required to sign off on Progress Notes within 48 hours from date of service					
Weekly Activity Note	To be completed following the IPOS (annually) and any Amendment to that Annual IPOS *This document needs to be forwarded to the contract provider (hardcopy/electronic)																
Residential Daily Note	To be completed following the IPOS (annually) and quarterly thereafter *This document needs to be forwarded to the contract provider (hardcopy/electronic)																
Adverse Benefit Determination			X	To be completed 10 days prior to services being reduced, suspended, or terminated (MUST complete prior to D/C Summary)											Notice of Adverse Benefit Determination		
Discharges					Non- IDDT		IDDT								Discharge Summary		