

# Qualifying Encounters & Writing Progress Notes

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**From Oregon's Office of  
Developmental Disability Services**

# Qualifying Encounter? What does that mean?

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- It's a "billable." Billable is a term associated with Targeted Case Management, but we don't do TCM anymore.
- Oregon's DD system has ONE way of delivering case management, and THREE ways to pay for it.

One way is through a 1915(c) waiver

The other two are non-waiver:

- As a Medicaid administrative function
- With state General Funds



# What is Case Management?

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- It is a *service* provided by a Services Coordinator or personal agent.
- The purpose of the service is “to facilitate access to, coordinate, and assure delivery, of supports required by individuals with developmental disabilities.”

# Case Management Activities

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- **Assessment and periodic reassessment of an eligible individual to determine service needs, including activities that focus on needs identification, to determine the need for any medical, educational, social, or other services.**
  - Meet with an individual, family or others to complete and update the a client's assessments
  - Conduct or participate in formal Person Centered Planning meetings
  - Gather information (medical records, etc) to facilitate entry or a transfer into a new setting
  - Participate in entry, exit and transfer meetings
  - Complete Title XIX LOC, initial or annual review
  - Identify resources available through other social service entities that relate to a need of the individual
  - Help the individual to understand the limits of DD services ( helps with plan development and/or to the referral to other means of getting supports)

# Case Management Activities

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- **Development and periodic revision of a specific care plan based on the information collected through an assessment or reassessment, that specifies the goals and actions to address the medical, social, educational, and other services needed by the eligible individual.**
  - Convene with individual and family to develop and revise the ISP
  - Participate in planning meetings with providers of nursing services or behavior consultation to develop care plans
  - Provide information and technical assistance to an individual's support provider. The information must be specific to the individual and be of such a nature that it helps the Medicaid services to be provided in a healthier or safer manner
  - Gather information for a transition into a new setting
  - Participate in an IEP or OVRS meeting when the individual's Medicaid funded services may be impacted by the outcome

# Case Management Activities

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- **Referral and related activities to help an individual obtain needed services.**
  - Facilitate initial and on-going access to generic community resources (OVRs, Housing, Mental Health system, OHP, legal aid, public health and welfare benefits)
  - Provide information and referrals to services/events available locally related to an individual's developmental disability and ISP goals
  - Provide information directly to a provider about individual support needs
  - Coordinate the provision of protective services
  - Provide information to a new case management entity as part of a transfer (prior to the transfer)
  - Assist with obtaining medical protocols from medical professionals for the purpose of making the delivery of supports possible
  - Participate in entry/exit/transfer meetings involving department funded programs for people with developmental disabilities
  - Coordinate with providers, the individual and the family to assure an appropriate referral for the services being requested
  - Facilitate initial and on-going access to financial assistance, e.g., General Assistance, Social Security, etc.

# Case Management Activities

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- **Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual.**
  - Attend and respond (in the form of changes to the plan or assessment) to feedback from individual or providers about efficacy of supports
  - Monitor individuals in temporary out of home placement to assure that services are being implemented as intended
  - Follow up on IRs with individual, family, provider when that follow up results in a re-evaluation of services
  - Assist individual with filing complaints, investigating and responding to individual complaints (not the actual completion of a form, but problem solving around complaint resolution, evaluation of the complaint as it relates to the provision of services in an ISP)
  - Provide and explain Medicaid Fair Hearing rights

# General Case Management Information

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- ❑ CM services can include phone contact, written information and email as long as it is a means of delivering a service related to the documented needs of the individual (not simply providing information), and you can confirm the information was received.
- ❑ The individual does not necessarily have to be present or contacted in order for a case management service to be delivered, contact with family, providers, etc., can be part of a case management service.
- ❑ Payment for case management services can only be made to CDDP and brokerage employees who qualify as personal agent/services coordinators.
- ❑ A reimbursable service may involve multiple activities, but still counts as one billable encounter. For example, arranging an ISP may require four phone calls over several days, but all of that is just one encounter. (Remember to “close the loop”)
- ❑ Monitoring and other case management activity is not limited to paid supports.



# What about non-CM activities?

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- Activities that may not meet the definition of a case management activity still need to be chronicled in a progress note.
- These activities may be extremely important. Progress notes may document supplemental or ancillary information, an individual's history, anecdotal information on a current situation, suggested needs and services, and/or other pertinent information relevant to providing supports.
- Not every contact with a individual is necessarily going to result in the delivery of a case management service.



# Things not considered CM:

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- ❑ Direct services
- ❑ Duplicated services
- ❑ Enrollment, termination and/or encounter reporting in eXPRS
- ❑ Administrative tasks
- ❑ Recording information
- ❑ General outreach

# Why Does Documentation Matter?

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- Brokerages and CDDPs need to assure that a certain level of services are provided in order to maintain their level of Case Management funding. If funding was received and there is no documentation showing a CM “service” was provided, then it could be considered a misuse of public funds.
- The State can verify to the Federal Government that Case Management (CM) services were provided **ONLY** when they are documented. If there is no documentation of services, then it is considered that no service has been delivered.
- The OARs, K plan, Title XIX Medicaid Waivers and State/County contracts outline requirements for the delivery of DD services. Maintaining documentation of service delivery is an OAR requirement and assures payment for services provided.

# Why Does Documentation Matter?

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- Some progress notes will be for activities that are considered CM services. These are the services that are necessary for maintaining CM funding.
- Progress notes also serve as a formal record of the individual's service history, and their current services needs. For this reason, there will be more progress notes than CM services provided. Progress notes are considered a legal document.
- In addition to documenting CM services, maintaining progress notes is crucial for maintaining continuity of care and ongoing service planning for the individual.

# Requirements to Bill for Case Management Services

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- For every CM service billed in eXPRS, there must be a corresponding progress note.
- The progress note must be of sufficient quality to support the encounter reported.
- The progress note must contain the SAME service date & name of the personal agent/services coordinator delivering the service as the encounter date & PA/SC reported in eXPRS.
- It must contain the name & address of the CDDP or brokerage providing CM services (*this is usually a standard heading at the top of each page*).



# When do you write a progress note?

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- Ideally, you would complete a progress note as soon after the service is delivered, or the information is learned, as possible. Best practice is no more than five days.
- CDDPs or Brokerages may have specific policies around expectations on frequency of writing progress notes.

# Elements of a progress note

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## Progress notes must:

- ❑ contain sufficient detail on the specific services provided, actions taken and/or be able to relay information about what occurred or was learned.
- ❑ contain the legal name of the individual.
- ❑ include the names of other participants in meetings with, or discussions about, the individual &/or their services. (full names and titles/roles are best... not everyone who reads case notes knows the people involved)
- ❑ contain the signature & title of the person providing the service (the SC/PA), and the date the entry was signed.

# Elements of a progress note.

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## Progress Notes must:

- include the month, day, and year the services were rendered and the month, day and year the entry was made if different from the date the service was rendered.
- have all late entries appropriately documented (*late entries are progress notes which are out of time sequence of the other progress notes in the file—perhaps a forgotten progress note that is submitted later, and out of chronological date order*)
- be consistent with your agency's policies & procedures.
- not document activity that did not occur.

# Other important elements

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- Relate all progress note entries to specific items on an individual's service plan/ISP whenever possible.
  - I *<insert CM service delivered>* for *<insert individual name>* because *<insert ISP goal or support need>*.
- Using active, rather than passive, sentence structure can help clarify that a service is being delivered.
- How you communicate with individuals, families, co-workers, and providers about what you do may be very different than how you document those same services you provide.
- The language and terminology you use in your progress notes is very important.

# Other important elements

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- Utilizing responsible and professional language is essential.
- Long winded stories that include non-essential information or subjective observation is not helpful.
- Cutting and pasting an email is not an adequate progress note. However, including relevant sections of an email (in quotes), with adequate context, can be a fine way to convey information in a progress note.

# Professional Writing Terminology

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- **Advocate** - To actively arrange or secure services or benefits; to overcome barriers to the effective delivery of services
- **Arrange** - To plan or prepare activities and services related to the individual's plan
- **Convene** - To call together a group of individuals to discuss the individual's needs and progress
- **Coordinate** - To harmonize the actions, efforts and services of various service providers, family members and others to meet the goals of the individual's plan
- **Correspond** - To communicate, primarily in writing, about specific issues related to the individual
- **Explore** - To investigate or examine options to achieve the goals of the individual's plan
- **Facilitate** - To make it easier for the individual to benefit from a service. To ensure the smooth delivery of a service or functioning of a treatment team. To ease the individual's transition to a new service or placement

# Professional Writing Terminology

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- **Inform** - To give specific information to another person for the purpose of improving, modifying or impacting an individual's circumstances or progress towards the goals of the plan
- **Monitor** - To keep watch over the individual's condition or circumstances, the services provided to the individual and progress towards the goal of the individual's plan and to direct or influence conditions, circumstances or services that impact the individual
- **Negotiate** - To arrange for services otherwise inaccessible or unavailable to the individual; to arrange for financing of services for the individual; contracting for service
- **Participate** - To take part, but not lead, an activity intended to benefit the individual's progress
- **Prepare** - To make the individual ready to receive a service
- **Refer** - Directing an individual, family member or service provider to a service for information or services which further the goal of the individual's plan
- **Schedule** - To plan an appointment for activities or events related to the individual's plan



# LINGO DOES NOT WORK IF IT IS ONLY LINGO!!!!

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REMEMBER: WHEN USING THESE  
WORDS.....DESCRIBE THE SERVICE  
THAT YOU ARE DELIVERING!