

Services Documentation Procedure – 2012

Introduction

The following timelines and procedures have been established to provide clear, consistent expectations for timely completion of documentation by Services staff involved in documentation. **The timelines and procedures refer to all funding streams** (ACCES-VR including Job Coaching packet, all Medicaid Waiver, CBVH, LTSE, Extended funders, etc.). The guidelines, and consequences for not meeting them, reflect the risk of serious repercussions for the agency as a whole when we are out of compliance with documentation that confirms the services we are paid for have been provided, and that the documentation meets or exceeds standards and format established by each specific funder.

Communication

Communication around paperwork is key. **It is the responsibility of the individual staff member to communicate with their supervisor about any issues with paperwork being out of compliance.** At the earliest possible time that the staff member anticipates that they will be unable to meet a deadline, the Program Manager should be notified. Together you can strategize a way to shift commitments on your schedule, utilize team members for coverage, or other ways to free up more time to devote to paperwork.

Please note that scheduled or anticipated time off such as vacation WILL NOT be considered a valid reason for missing deadlines.

Monthly Documentation

- Completed Blended Waiver Services Waiver paperwork is due by the **end of the first full week of each month.**
- Completed Medicaid (OPWDD extended) paperwork is due by the **end of the first full week of each month.**
- Completed attendance sheet for OPWDD extended consumers is due by the **end of the first full week of each month.**
- Completed ACCES-VR 416's are due by the **9th of the month.**
- Completed Coaching Hours and Notes are due to the respective Job Developer by the **5th of the month.**
- Completed EA checklists are due the **Monday following the above due dates.**
- Completed SE Hours forms are due the **same Monday as EA checklists.**
- All supported employment case notes (OPWDD ext., ACCES-VR Ext., OMH Ext., ATE, etc.) must be handed in to the Program Manager by the **end of the first full week of each month.**

For clarity, the definition of “completed paperwork” means the paperwork for all consumers on the staff’s caseload is typed, entered on the correct form or in the correct format, printed, signed, and the original document(s) are saved in the appropriate file of the Services computer directory. Documents saved in the Services’ Directory should be titled in such a way that it can be easily found if you are not available. For staff who use laptops or netbooks, all documentation (goal plans, case notes, etc.) must be transferred to the Challenge network on at least a weekly basis for staff who work in Tompkins County and at least a monthly basis for staff who work outside of Tompkins County.

Weekly Documentation

- Life Options group goal checklists are completed for your assigned groups, and placed in the folder in the file room. They are reviewed monthly.
- Case notes are completed at a minimum of 1 time per week for each individual enrolled in Blended Waiver Services.

Daily Documentation

- All staff providing Blended Waiver Services are expected to sign off on daily documentation sheets **preferably at the end of the day, but no later than the next work day.**
- Completed Blended Waiver Services daily documentation, along with the sign off sheet, are to be turned in to the Job Supports Coordinator by **1 week past the last date of the prior 2 week sign off period.**

Discharge Documentation

When a consumer ends services, staff are required to ensure that all documentation is completed up to and including the last day/month of services, signed and placed in the file. A discharge summary/checklist then needs to be completed, placed in the front of the file, and the entire file is given to QA for final review **within 30 days of termination** from services. See file review correction section for follow up procedure on file reviews.

Management Oversight of Documentation

Program Managers/Coordinators are responsible for regular follow-up with staff to make sure that documentation is being completed and is of the quality required by our funders. This includes making sure that monthly checklists are turned in and completed and that there are regular conversations during individual supervision and group meetings regarding completion of documentation. In addition, Managers/Coordinators will conduct periodic spot checks as needed of daily/weekly and/or monthly documentation for each staff to ensure that documentation is being completed on time, correctly, and is of good quality. This can be done either by reviewing hard copies of the documentation or by reviewing computer files. Any inconsistencies found between documentation reported by staff to be complete and results of spot checks should be reported to the Director of Services and Quality Assurance, and a more thorough Quality Assurance review will be initiated as needed. See corrective action procedure below.

Corrective Procedure

When paperwork is not completed by the required monthly deadline or does not meet minimum quality standards, the staff member will be given an additional **7 days (1 week)** to complete paperwork. During this period, trainings and time off may be cancelled and/or not approved if it will interfere with their ability to complete the documentation within **the 7-day timeframe**. The Program Manager will work closely with the individual to insure that a reasonable plan is in place to meet the documentation deadline. Both the Director of Services and the Quality Assurance Director must be notified in writing and apprised of the plan to bring documentation into compliance.

Failure by staff to complete required documentation after the additional 7 days (as outlined above), will be considered a verbal warning. Any two of these warnings in a one-year period will result in a written warning that will be entered in the individual's personnel file. Exceptions may be made on an individual basis for unusual extenuating circumstances, and will require approval by the staff's manager and Director of Services, in consultation with QA.

File Review Corrections

All Medicaid Waiver, Work Center, Extended Supported Employment and other Long-Term Service Files are reviewed every six months and within 30 days of termination of services. In addition, periodic sampling of files is conducted on an ongoing basis. ACCES-VR Intensive files are reviewed within 30 days following stabilization or discharge and a sampling of open case files are reviewed each month for each staff.

After a file is reviewed, a copy of the review sheet is given to the staff, and an e-mail is sent to both the staff and supervisor by QA. If there are significant missing items or problems with the file, QA will provide a copy of the review sheet to the supervisor. Items marked as missing or insufficient must be corrected within no more than 2 weeks, checked off on the file review checklist by staff and the checklist returned to QA. QA will verify that the checklist has been returned and corrections are made, confirm with the staff and the supervisor by e-mail, and QA will file the completed checklist in the back of the consumer file. The corrective action procedure will be applied in instances when file review documentation corrections are not completed in the two week time frame (or an extension has not been worked out with prior approval from the supervisor and QA).

In addition to the above, a full review by the QA Associate of all assigned consumer files for a Challenge staff may be initiated at the request of the supervisor, when QA notices a trend in missing or substandard documentation, and/or when there is a discrepancy between staff's report of completed documentation and the results of periodic reviews by the supervisor or QA. A written report of the findings of the review will be given to the staff's supervisor and the Director of Services. If the review confirms systemic problems, the supervisor will meet with the staff to develop a plan of action with timelines to address deficiencies, with copies to the Director of Services and QA. The findings of systemic problems will constitute, at minimum, an automatic written warning. Failure to meet timelines identified in the plan will result in further disciplinary action up to and including termination.

Staff Resignation

Upon giving the required 4 week notice, a full review of all files will be completed. Completed file review checklists will be given to staff and staff will be expected to complete any missing items prior to their last day as well as all daily and monthly documentation and other related billing forms for their last month of employment.

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____