

What happens to the information and reports that are part of the documentation?



A Federal law, the Health Insurance Portability and Accountability Act, known as **HIPAA**, protects you from any misuse of information about you. Any health information that is about an individual is called **Protected Health Information (PHI)**. It is illegal for anyone to share this information without written permission from the individual or their guardian. The documentation kept by your employees is part of this PHI.



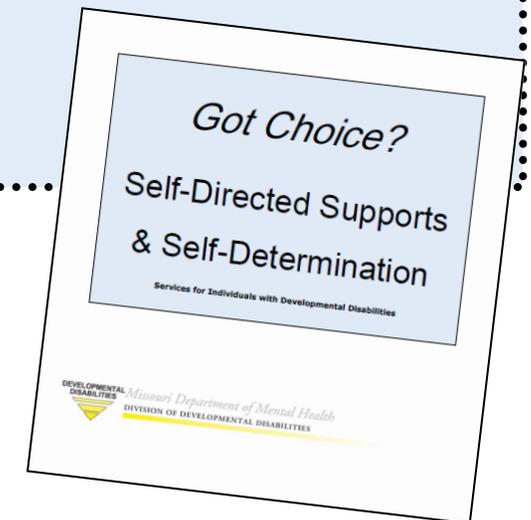
HIPAA:

- Gives individuals more control over their health information.
- Gives individuals the right to look at their own health records, case notes, and other records.
- Your health care providers may share your information with your family or others directly involved in or responsible for your care. You can prevent this sharing by making a written request.

Note: Your documentation needs to be stored in a good location that cannot be easily seen or accessed by those who have no need to see it.



Guide to Documentation For Individuals Self-Directing Services



Missouri Department of Mental Health
DIVISION OF DEVELOPMENTAL DISABILITIES



If you have ever felt confused about what to document and how to document, then this book is for you.

This book should help guide you through the process of documentation of services that are provided through the self-directed option.

For more information on
**SELF-DIRECTED
SERVICES
VISIT**

[http://dmh.mo.gov/dd/progs/
selfdirect.htm](http://dmh.mo.gov/dd/progs/selfdirect.htm)

Or

Ask your Support Coordinator

4. It sticks to the basic rules of documentation, which are:

- Write in ink (best to use dark blue or black)
- Write neatly, so people can read it
- Write the first and last name of the person getting the service and either the middle initial of that person or the date of birth.
- Draw a line through errors and initial. **Do not** erase or cover with white-out.
- Do not leave unused space blank. Draw a line or X through unused space.
- Don't use initials, acronyms, or technical jargon.
- Write down facts and support it with detail related to the ISP.
- Provide detail. Instead of using words like small or large, describe the size, about the size of a "deck of cards, a dime, or a baseball," for example.



Remember

- Your documentation must be kept for at least 6 years.
- Documentation must be kept in the home of the person receiving services.
- Use of any but the Mandatory Documentation Form must be approved by the Regional Office Self-Directed Support Coordinator.



What are the most important components of good documentation?

1. It's clear and concise.

- *Clear means that the information recorded is easy to understand and straightforward.*
- *Concise means that the information is kept short, but still has enough facts and descriptions to make it easy for the reader to understand what happened.*

2. It's up to date.

- *All notes need to be written as soon as possible after an event has happened to prevent losing information. Employees should always document on the day the event occurs!*

3. It's accurate and meaningful.

- *Provide the right information! Direct quotes from the individual, doctors, or other professional staff can be included. Notes should make clear what are hard facts and what is opinion.*



Your Support Coordinator will come quarterly and review your documentation. They will use this information to help you evaluate your support needs.



WHAT IS DOCUMENTATION?

Documentation is written proof!



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Documentation begins with YOU-
your
Individualized Support Plan (ISP)

- Your plan tells what supports you need to make your hopes and dreams a reality.
- Your plan tells how those supports are to be provided. If you receive funding through a waiver or other source, your plan tells what services you will purchase with that funding.
- The services you receive (whether through a provider or self-directed) are to provide the supports you need to meet specific goals or be supported in daily living.
- Documentation provides proof of what service is provided, who provides it, when and where it is provided, and what was accomplished.

Why Document?

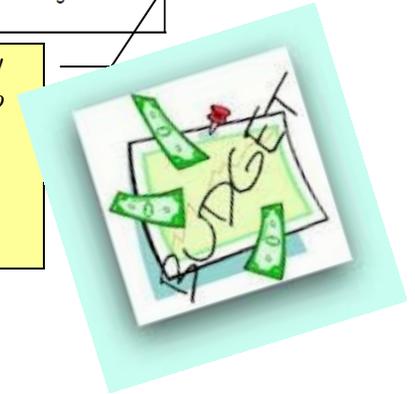
In addition to creating a record as proof for the funders, documentation serves many other purposes.

- Documentation helps track progress or even the lack of progress so changes can be made as needed. This can help make sure that your service fills your needs. 
- Documentation helps make it possible to keep track of changes in behavior. When this is done we can figure out when something is wrong. For example, if you have fallen down several times and that is noted in documentation, your team might be able to figure out why...was it a change in medication, glasses, supports, etc ?
- It gives the employees a way to communicate with each other so that support can be provided in a consistent way. If someone has to "step in" and provide service, it will be good for them to be able to see how others have provided that service.

** Please note the amount in the budget, spent, pending to be paid and remaining amount, include employer related taxes. To calculate the remaining amount that can be used for payroll, employer related taxes will need to be deducted. Please contact your Program Coordinator for further assistance. **

Ran On: 11/26/2012 3:30:59 PM

Don't risk going over your budget! If it's getting close and you need to know exactly how many hours to schedule, contact your Program Coordinator or your Self-Directed Support Coordinator.

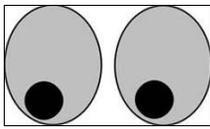


If you need more specific details about individual employee's pay, you can view the "spending detail" reports found in the reports section at mydirectcare.com It will look something like this:

Spending Detail: 2/16/2012 12:00:00 AM - 10/31/2012 12:00:00 AM

| Employee | Participant | Pay Units | Period Start | Period End | Pay Rate | ServDate | PayDate | Svc | Pay Total | FICA | FUTA | MED | SUTA | WC | ADMIN | BillTotal |
|-------------|-----------------|-----------|--------------|------------|----------|-----------|----------|----------|-----------|--------|--------|--------|--------|--------|--------|-----------|
| Wells, H.G. | Clemens, Samuel | 2.5 | 2/12/2012 | 2/25/2012 | \$10.50 | 2/16/2012 | 3/9/2012 | T1019 UZ | \$26.25 | \$1.63 | \$0.16 | \$0.38 | \$0.92 | \$0.72 | \$0.00 | \$30.08 |
| Wells, H.G. | Clemens, Samuel | 2.5 | 2/12/2012 | 2/25/2012 | \$10.50 | 2/17/2012 | 3/9/2012 | T1019 UZ | \$26.25 | \$1.63 | \$0.16 | \$0.38 | \$0.92 | \$0.72 | \$0.00 | \$30.08 |
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| Wells, H.G. | Clemens, Samuel | 2.5 | 2/12/2012 | 2/25/2012 | \$10.50 | 2/19/2012 | 3/9/2012 | T1019 UZ | \$26.25 | \$1.63 | \$0.16 | \$0.38 | \$0.92 | \$0.72 | \$0.00 | \$30.08 |

Your Fiscal Management Service (Missouri Consumer Direct) helps you keep track of this and other important information that is a necessary part of record keeping. They will keep your employee training records, their education records, and tax information and help you make sure you keep these up to date.

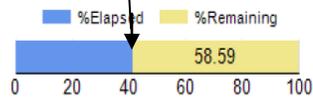


LET'S LOOK CLOSER AT THIS REPORT

The employer is Samuel Clemens

This report covers just over 40% (less than 1/2) of his plan year.

| Name | Phone | DOB | Participant Number |
|---------------------|-------------|------------|--------------------|
| Clemens, Samuel | 5732219010 | 11/30/1835 | 1165283 |
| Address | City | Zip | External CM |
| 1 Log Cabin Ln | Florida | 65283 | Sawyer, Tom |
| Program Coordinator | Sawyer, Tom | | |
| Auth Period | Start | End | % Elapsed |
| 000005 | 2/16/2012 | 10/31/2013 | 41.41% |

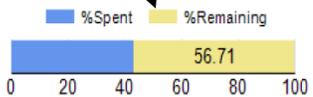


This is the total budget.

This is how much that has been spent so far.*

This shows us how much is left.

| Service | Budget | Spent YTD | Processing to be Paid | Remaining |
|---------|-------------|------------|-----------------------|------------|
| Total | \$17,694.67 | \$7,614.19 | \$105.00 | \$9,975.48 |
| | 100.00 % | 43.03 % | 1.38 % | 56.38 % |



* this amount does not include employer taxes

What to Document

Whenever a service is provided (personal assistance, community specialist, or support broker) it must be documented by the person who provided the service.

The document must include the following:

1. Name of recipient (as well as middle initial or date of birth)
2. Location of service
3. Date of Service
4. Type of Service
5. Start Time of Service
6. End time of Service
7. Staff signature/title for entire period of service
8. What did the staff provide (care & treatment) for the individual—in other words, what occurred and what direct support was provided to the individual receiving services
9. Outcomes of the services, including any successes, barriers, or problems that occurred during the provision of services.



* The Individual Support Plan must indicate both the level and type of support which is documented.

Mandatory Documentation Form

The "Mandatory Documentation Form" is provided to help you to get required information on YOUR documentation. It has two parts-a time sheet and a documentation log. If you want to use any other format, you must have permission from the Self-Directed Support Coordinator.

This is the time sheet part of the form.

Be sure to include:

1. Name of recipient (as well as middle initial or date of birth)

INDIVIDUAL RECEIVING SERVICES (include middle initial): _____

2. Type of Service

Mark the service being provided.

| | | | |
|--------------|-----------------------------|------------------------------|-----------------------------|
| Service Code | <input type="checkbox"/> PA | <input type="checkbox"/> MMB | <input type="checkbox"/> CS |
| | <input type="checkbox"/> SB | <input type="checkbox"/> DTC | |

3. Start Time of Service

4. End time of Service

| | | |
|----------|-----------------------------|-----------------------------|
| Time In | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Time Out | <input type="checkbox"/> am | <input type="checkbox"/> pm |

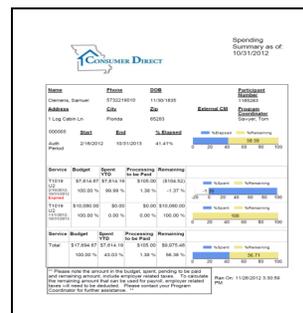
| | | |
|------|---------|----------|
| Date | Time In | Time Out |
|------|---------|----------|

*There is a place for time on both the time sheet page & the documentation page.

Tips for completing the "Monthly Summary & Budget Tracking Form"

1. Write it in ink.
2. It should be signed and dated by the person doing the summary.
3. It should include descriptive words that tell what the individual was able to accomplish this month.
4. It should include any unusual events that happened throughout the month that may have affected the individual.
5. It should tell about positive things that happened. Has the individual made progress toward their goal?
6. It may include things the individual needs more support with.
7. It should document correct information that will give a clear picture of how the individual is doing.
8. Use the Consumer Direct Reports to review the Utilization Report and see how the budget is doing. Write this information on your summary.

You can access your utilization reports by going to: <http://mydirectcare.com>
 Log on with your login name and password.
 Go to reports.
 Run a spending summary report.



Your report should look something like this.

Monthly Summary & Budget Tracking



Every month the individual or designated representative is going to review the documentation and make a summary of it on the "Monthly Summary & Budget Tracking Form". Someone else might support an individual to write the summary. The Support Coordinator will review this at least quarterly.

Use and review of this form helps improve services!

INDIVIDUALS DEPARTMENT
Missouri Department of Mental Health
DIVISION OF DEVELOPMENTAL DISABILITIES

MANDATORY
Monthly Summary and
Budget Tracking
Page 1 of 4

Individuals Name: _____ ISP Span Date: _____

Monthly Progress Notes 1 Month: _____
Monthly summary that describe progress on the individuals person centered plan goals and objectives and overall status of the individual:
Signature: _____ Date: _____
Budget spending has been reviewed.
Comments:

Monthly Progress Notes 2 Month: _____
Monthly summary that describe progress on the individuals person centered plan goals and objectives and overall status of the individual:
Signature: _____ Date: _____
Budget spending has been reviewed.
Comments:

Monthly Progress Notes 3 Month: _____
Monthly summary that describe progress on the individuals person centered plan goals and objectives and overall status of the individual:
Signature: _____ Date: _____
Budget spending has been reviewed.
Comments:

This is what the "Monthly Summary Form" looks like.

Here is how it is filled out.

Individuals Name: **(Person getting services)** ISP Span Date: _____

Monthly Progress Notes 1 Month: **(Being reviewed)**

Monthly summary that describe progress on the individuals person centered plan goals and objectives and overall status of the individual:
Dorothy could tell 2 things to do in an emergency 8 out of 10 times when asked this month. She knows how to dial 911 and what to say. She practiced responding to fire alarms and tornado sirens & did well...

Signature: **Person completing review** Date: **Date of review**

Budget spending has been reviewed.
Comments: **From Consumer Direct Web Site**

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An example of what might be included in a summary

This is the documentation part of the form.

INDIVIDUALS DEPARTMENT
Missouri Department of Mental Health
DIVISION OF DEVELOPMENTAL DISABILITIES

MANDATORY
SELF-DIRECTED SUPPORTS DOCUMENTATION FORM*
Page 2 of 4

INDIVIDUAL RECEIVING SERVICES: **Individuals Name** _____ EMPLOYEE NAME: _____
DATE of Time Period: _____ FROM: _____ TO: _____

Record activities and be specific. **When did service take place?** What activity was done? What support was needed? What was the response? Answer the questions of who, what, when, where, why, how and record progress towards goals. Record changes to mood, habits or health, and new skills or discoveries. Be objective, just the facts, not opinions. Avoid using any derogatory, derogatory, derogatory or derogatory statements.
Always use ink and remember to write legibly. Please use abbreviations or acronyms and correct, apply date lines through the date and initial it.
Date: _____ Day: _____ Month: _____ Documentation Notes: _____ Employee Signature: _____
*This is a mandatory Documentation sheet, alternate format must be approved by Regional Office, Self-directed supports coordinator

Be sure to include:

1. Location of service

Documentation Notes
(*Service took place in individuals home unless otherwise noted)

2. Enough documentation to justify the length of time service was provided.

Documentation Notes
(*Service took place in individuals home unless otherwise noted)
Mary cleaned the bathroom with step by step verbal instruction

6. Staff signature for entire period of service

Employee Signature

*Tip: Keep your documentation in a notebook & organized so you won't feel like this!



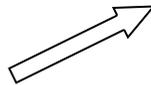


Let's examine what good documentation notes will look like:

Good documentation will:

- Describe activities in which the individual participated and what progress was made toward the goal.
- Include notes on important, non-routine events in an individual's life. These might include medical visits, community outings, special activities and incidents, illnesses or injuries, or unusual behavior.
- Include facts, not opinions.
- Record what the person actually said or describe non-verbal attempts to communicate.
- Describe the event from beginning to end.
- Be specific when describing behaviors.
- Be brief.
- Describe what action the employee took to support the individual.

Read the documentation example on the next page.



The goal in her ISP states: "Dorothy will be able to tell two ways she could respond in an emergency."



Does it describe what took place?
 Can you tell if progress is being made on the goals?
 Does it state the facts?

Documentation Notes: Dorothy B. Good

I assisted Dorothy with cooking her dinner upon arrival at her Home at 3:15pm. She wanted to conduct her training. She stated that she would call her aunt in case of an emergency but could not state another option. I gave her a suggestion to call 911 and she agreed. I assisted her with her laundry and we both folded clothes while she watched television.

Tori Nado

I went to Dorothy's house at 3:15pm and she greeted me at the door. She wanted me to help her cook dinner. She stated that they went over emergency training at work today and she wanted me to help her try it again at home. We practiced what to do if a tornado siren went off and if the fire alarm sounded. We talked about where the best place to go for a tornado in her house would be. Dorothy said she thought it would be the basement and staff agreed. We practiced both drills and she responded correctly with only a reminder in the fire drill. We cleaned her room and she watched TV as I prepared to leave for the evening.

Tori Nado



Event Management Tracking

Any employee paid to provide Medicaid Waiver services is required to report any events that could jeopardize an individual's health or safety.

***Be sure to document any event well in daily documentation in case you need to recall details later!!**