

## Case Management Monthly Review Updates

- 1) The service code is now at the top of the form. You will select the drop down box to choose between the monthly unit or fifteen minute unit.

Plan Date: 11/1/2017 Month/Year of Service: May 2018

Action Required: Please complete all applicable fields below for this Monthly Review. Thank you!

**Documentation of Billable Services**

Select the type of Case Management you are providing on this case:

Total Minutes: 0

Discussion Topics

The screenshot shows a form with a header containing 'Plan Date: 11/1/2017' and 'Month/Year of Service: May 2018'. Below this is a red banner with the text 'Action Required: Please complete all applicable fields below for this Monthly Review. Thank you!'. The main section is titled 'Documentation of Billable Services' and contains a label 'Select the type of Case Management you are providing on this case:' followed by a dropdown menu. The dropdown menu is open, showing two options: 'T1016 - Case Management (15 min)' and 'T2022 - Case Management (monthly)'. To the right of the dropdown is a 'Total Minutes: 0' label. Below the dropdown is a blue 'Add Visit' button. At the bottom of the form, there is a section for 'Discussion Topics'.

- 2) All service choices in the drop down box are now alphabetized.

Total Minutes: 0

**Edit Visit**

Date: 5/8/2019 Start Time: 1 : 00 PM End Time: 2 : 05 PM

Service: [Dropdown Menu] Direct Contact?

Location: [Text Field]

Comments: [Text Field]

The screenshot shows a modal window titled 'Edit Visit'. At the top right, it says 'Total Minutes: 0'. Below the title bar, there are fields for 'Date' (5/8/2019), 'Start Time' (1 : 00 PM), and 'End Time' (2 : 05 PM). A 'Service' dropdown menu is open, displaying a list of service options alphabetized: Advocacy and Referral, Completing Monthly Responsibilities, Coordination of Natural Supports, Crisis Intervention, Division Quarterly Reports, Face to face meeting with participants, guardian, family, Home Visit, Monitoring/Follow up, Other Reports, Participant Specific Training, Phone Call, Plan Development, Providing and Discussing Choice, Quarterly Meeting with Backup Case Manager, Service Observation, and Team Meetings. To the right of the dropdown is a 'Direct Contact?' checkbox. Below the dropdown is a 'Save' button. The background shows a partially visible form with sections for 'Comments', 'Deliv...', and 'Health/Medical'.

- 3) Each entry in the documentation of billable services section is its own box. You will make add each entry and then save it. To enter another section, you will choose the add visit button and another box will populate. You can create as many entries as you need and save each one individually.

### Case Management Monthly Review

Plan Date: 11/1/2017      Month/Year of Service: May 2018

Action Required: Please complete all applicable fields below for this Monthly Review. Thank you!

#### Documentation of Billable Services

Select the type of Case Management you are providing on this case: T2022 - Case Management (monthly) ▼

	Date	Start/End Times	Service	Direct Contact	Minutes	
VISIT	5/8/2019 Location: Office Comments: Complete	1:00 PM to 2:05 PM	Completing Monthly Responsibilities		65	✘
VISIT	5/22/2019 Location: Participant's Home Comments: Home Visit...	4:00 PM to 5:00 PM	Home Visit	Direct Contact	60	✘

Total Minutes: 125

Add Visit

#### Discussion Topics

- 4) You will have the option to choose direct contact in each entry you make. This will enable the case manager to more quickly determine if they have met their monthly hour of direct contact time when billing the monthly unit.

### Edit Visit

Date: 5/22/2019      Start Time: 4 : 00 PM      End Time: 5 : 00 PM

Service: Home Visit      Direct Contact?

Location: Participant's Home

Comments: Home Visit...

Save      Cancel

- 5) The home visit is required, per service definition, for either unit billed. In order to submit the monthly review, you must indicate that you completed a home visit or EMWS will not allow submission.

## Case Management Monthly Review

Plan Date: 11/1/2017

Month/Year of Service:

May 2018

**Action Required: Please complete all applicable fields below for this Monthly Review. Thank you!**

- o You must have at least one Home Visit for each month.

6) Service minutes are now automatically added up and totaled.

## Case Management Monthly Review

Plan Date: 11/1/2017

Month/Year of Service:

May 2018

**Action Required: Please complete all applicable fields below for this Monthly Review. Thank you!**

### Documentation of Billable Services

Select the type of Case Management you are providing on this case: T2022 - Case Management (monthly) ▼

	Date	Start/End Times	Service	Direct Contact	Minutes	
V S I T	5/8/2019 <small>Location: Office Comments: Complete</small>	1:00 PM to 2:05 PM	Completing Monthly Responsibilities		65	✘
V S I T	5/22/2019 <small>Location: Participant's Home Comments: Home Visit...</small>	4:00 PM to 5:00 PM	Home Visit	Direct Contact	60	✘

Total Minutes: 125

Add Visit

### Discussion Topics

7) The Discussion topics have changed and are more person centered, allowing for more dialog between the case manager and the participant/guardian or provider. Each of these questions should be captured in these boxes.

<p> <b>Delivery of Services</b></p> <p>Where do you receive most of your services? Are you receiving services in the community as much as you want to? Notes</p>	Unknown
<p> <b>Health/Medical</b></p> <p>Have there been changes in the participant's health? Any new medication changes or medical needs? Also ask about PRN medication usage, if applicable. Notes</p>	Unknown
<p> <b>Provider Satisfaction &amp; Concerns</b></p> <p>Are you being treated with respect? Do you have any concerns or issues with your providers? What would you like them to do differently for you if you have concerns? Notes</p>	Unknown Unknown
<p> <b>Friendship/Social Interactions</b></p> <p>Are you getting to spend time with your friends if you want to? Do you need help connecting with your friends to spend time with them? Notes</p>	Unknown Unknown

8) You must complete each discussion topic in order to submit the review.

**Case Management Monthly Review**

Plan Date: **11/1/2017**
Month/Year of Service: **May 2018**

**Action Required: Please complete all applicable fields below for this Monthly Review. Thank you!**

- o You must respond to the Discussion Topic 'Have there been changes in the participant's health? Any new medication changes or medical needs?'
- o You must respond to the Discussion Topic 'Are you being treated with respect?'
- o You must respond to the Discussion Topic 'Do you have any concerns or issues with your providers?'
- o You must respond to the Discussion Topic 'Are you getting to spend time with your friends if you want to?'
- o You must respond to the Discussion Topic 'Do you need help connecting with your friends to spend time with them?'
- o You must respond to the Discussion Topic 'Are there any barriers to a successful education for you?'
- o You must respond to the Discussion Topic 'Do you choose what you want to do?'
- o You must respond to the Discussion Topic 'Do you have any concerns about your job?'
- o You must respond to the Discussion Topic 'Do you need help finding a job?'
- o You must enter a number of Internal Incident Reports. If none, enter 0.
- o You must enter a number of DDD reportable critical incidents. If none, enter 0.
- o Please respond to the item 'Incident Report trends and/or concerns this month needing follow up.' If none, enter 'None.'
- o Please respond to the item 'Behavior trends, changes in type/frequency, and/or concerns this month needing follow-up.' If none, enter 'None.'
- o Please respond to the item 'PRN Usage trends or concerns with Psychoactive Medication(s).' If none, enter 'None.'

9) The Service Observation section will now only populate the current services on the participant's plan. A box is provided that will allow you to add more services if needed and also enables you to delete a service(s) as needed. The list of actions is no longer present in this section.

**Service Observation and Objective Progress**

<b>SERVICE</b>	<input type="checkbox"/> S5100TF - Adult Day Service (Intermediate level of care) - Training Objective                      Quantify Observation Notes	<b>X</b>
<b>SERVICE</b>	<input type="checkbox"/> T2016U6 - Residential Habilitation (Level 5) - Training Objective                      Quantify Observation Notes	<b>X</b>

Add Service

**Billing Documentation**

	Service / Provider	Units Used	Billing Received	Billing/Documentation Concerns	
<b>SERVICE</b>	<input type="checkbox"/> S5100TF - Adult Day Service (Intermediate level of care) - SERVICES		Unknown		<b>X</b>
<b>SERVICE</b>	<input type="checkbox"/> T2016U6 - Residential Habilitation (Level 5) -		Unknown		<b>X</b>

Add Service

10) Follow up now allows the case manager to check the corresponding box upon completion.

**Follow-Ups**

Follow up I need to do: (objectives, provider issues, documentaion, IRs, etc.) By When?    Completed

Follow up on goal documentation issue- mostly being marked "no opportunity" including underwear goals  **X**

Add Follow-Up

11) At the bottom of the review, under the follow up section, there is a box titled “Additional Comments or Concerns.” This allows the case manager to record any extra notes or issues that were not captured as part of the case notes previously documented in the review.

A screenshot of a user interface element. It features a light beige background with a white rectangular input area. On the left side of the white area is a small blue icon of a pencil. To the right of the icon, the text "Comments and Concerns" is displayed in a dark blue font.