CREATING RECOVERY-BASED CARE PLANS: DOCUMENTATION IN THE ERA OF MANAGED CARE

Presenters

David J. Bucciferro, Senior Advisor, Foothold Technology
Pamela J. Russo, Executive Director, Catholic Charities Diocese of Allentown
New Funding Process

Information Based

Privacy & Consent

Authorizations

Changed Expectations

Provider Networks

You

A MANAGED CARE ENVIRONMENT
OPPORTUNITY AND RESPONSIBILITY

• Managed Care, Waivers and Medicaid Reform provide enormous opportunities to redefine existing service systems

• However, the cost to providers includes:
  • Documentation
  • Creating formal personal care service plans
  • Training staff
  • Obtaining a high-quality electronic health record (EHR)
DOCUMENTATION IS MULTI-DIMENSIONAL

• Meet regulatory requirements
• Create Plan of Action (Blueprint)
• Support billing
• Data, information, knowledge
• Show medical necessity
DOCUMENTATION SHOULD MEET:

- Recipient's choice of goals
- Regulatory requirements
- Federal Medicaid standards
- Infusing current practice values and guidance
• Checks and balances

• Integrated

• Automated

• Reliable
• Person-centered

• Concurrent

• Holistic

• Focused
• General information (including history and referral information)
• Admission information (meet criteria and consents)
• Clinical information (assessments and tests)
• Service documentation
• Continuity of Care information (i.e., progress notes, period review)
• Other documentation
DOCUMENTATION FLOW

Intake

Assessments

Goal Achievement

Plan Review

Service Plan

Service Tracking

Utilization Management

Quality Improvement
INTAKE PROCESS

- Form-based
- Direct the flow of information
- Consistent with program needs
- Not an assessment
- Screenings included
- Information gathering
- Results in next steps
• Comprehensive
• Embedded
• Standardized (minor modifications)
• Results oriented
• Not an exercise
service planning

- Person-centered
- Concurrent
- Flexible
- Informed
- Life role focused
- Comprehensive
- Detailed
SERVICE TRACKING

- Congruent with service delivery
- Accurate
- Point of service
- Traceable
• Objective-based

• Outcome focused

• Routine and dynamic

• Results-based
• Specific
• Quantifiable
• Service delivery related
• Longitudinal capacity
• Starts at intake
• Dynamic
• Quantifiable measures
• Service delivery related
• Longitudinal capacity
• Service specific assessments
• Service plan
• Encounter
• Utilization review
• Discharge plan

• *Highly recommend you have a copy of the individual’s care plan*
Opportunity to engage an individual in a partnership role

Removes the mystery of what is being said directly to and about the individual

A setting to infuse the evidence based practice values and guidance
What is it?

• Collaborative documentation (or concurrent documentation), is a face to face, client/practitioner interaction in which clinicians and clients collaborate in the documentation of the assessment, service planning, and ongoing interactions (i.e. progress notes development).

• Collaborative documentation can only occur if the client is present and engaged in the process of developing the documents.
# DOCUMENTATION CHALLENGES AND BENEFITS

## CHALLENGES

- Training
- System errors
- Adjusting to changing regulations
- Initial input of data
- Cost

## BENEFITS WITH AN EHR

- Consistency
- Reporting
- Back-up
- Safe, secure, HIPAA
- Easier reviews
- Improved care
- Accessible from any location
- Freedom to focus on mission
- Increased contact
- Cost effective
• Provides wide array of social services in Berks, Carbon, Lehigh, Northampton and Schuylkill Counties

• Agency size – 35 FTE’s, Over 200 volunteers

• Small budget - $2.7M

• Served 20,000 men, women and children in FY15

• Accredited by COA
• Adoption

• Adult Day Care

• Counseling
  – Individual, Marriage and Family Therapy
  – Specialty areas:
    Attachment, Bereavement, Trauma

• Community Support Services
  – Food pantries/soup kitchens/life skills
PROGRAMS AND SERVICES

• Housing – (HUD CoC, ESG, CDBG)

• Parish Outreach

• Pregnancy and Parenting Support

• Immigration

• Supportive Services to Veterans (SSVF)
• Implemented first Client MIS in 2004

• Decision to migrate to new Client MIS in 2014

• Process of choosing new system – assessing macro and micro agency needs
How Catholic Charities, Diocese of Allentown is using data:

• Informing program decisions

• Funding stream reporting

• Grants and Fundraising

• Performance and Quality Improvement (PQI)

• Outcomes
• Benefits for Supervisors

• Line staff buy-in (What’s in it for me)?

• Strategic Planning
  – Life Cycle Tool
  – Short term and long term goals
  – Risk Management Analysis
• Using data to identify gaps in service:
  – Improved customer service
  – Expanding current program capacity
  – Exploring new program opportunities
What can improved documentation do for you?

- Improve care
- Help you meet your obligations with less resources
- Provide you with data for informed decision making by all agency personnel
- Help in marketing yourself
- Provide the information to implement a dynamic management system
• **Incorporate** a culture of accountability
• **Maintain** a person-centered philosophy
• **Establish** a concurrent approach
• **Avoid** losing your culture
• **Enhance** your agency operations
• **Ensure** regulatory requirements are met
• **Review** existing capacity against ideal
• An electronic health record (EHR) is essential
• Documentation should be a positive
• Must incorporate a person-centered and concurrent approach
• Interoperability will be mandatory
• Your business model is changing, change with it

• USE THE TOOL
CONTACT INFORMATION

David J. Bucciferro
Senior Advisor, Foothold Technology
David@footholdtechnology.com
212.780.1450 x8037

Pamela J. Russo, MSW
Executive Director
Prusso@allentowndiocese.org
610.435.1541 x327