

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 5/24

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I. APPLICATION

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure that the timeliness to case record documentation will be completed according to the time frames delineated in this administrative procedure.

III. DEFINITIONS:

- A. Adverse Benefit Determination: A decision that adversely impacts a Medicaid beneficiary or Non-Medicaid individuals' claim for services due to: a denial, reduction or termination of a benefit; a failure to provide or pay for a benefit; or a denial of participation in the plan. (Refer to [Board Policy #03-001-0005, Person Centered Planning Process Individual Plan of Service.](#))
- B. Assessment: A tool used to determine the level of needs of an individual. (There are many types of assessments: Behavioral Assessment, Biopsychosocial Assessment, Clinical Assessment, Nursing Assessment, Occupational Therapy Assessment, LOCUS, PECFAS, CAFAS, PCL-5, PHQ-9, etc.)
- C. Individual Plan of Service (IPOS): A written plan of service directed by the individual open for Services, as required by the Michigan Mental Health Code. This may be referred to as a treatment plan or support plan, which is developed using the person-centered planning process.
- D. Periodic Review: A tool used to record the progress, or lack of progress of current IPOS goals, implement new goals or discontinue goals as established during the IPOS.
- E. Pre-Planning: A scheduled meeting with the open individual and /or guardian to plan and develop goals for the IPOS.
- F. Progress Note: Written documentation in the electronic health record that is used to monitor

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progress and/or no progress toward an individual's goals and/or objectives.

IV. STANDARDS:

- A. SCCCMHA and its provider network will align case record documentation time frames with the applicable regulatory agencies: MDHHS, CARF, and funding sources: Medicaid, Medicare, CCBHC, BCBS, etc.

V. PROCEDURES:

See Timeline Grid (Exhibit A)

VI. REFERENCES:

- A. MDHHS
- B. CARF
- C. Medicaid Manual
- D. [Board Policy #03-001-0005, Person Centered Planning Process Individual Plan of Service](#)

VII. EXHIBIT:

- A. Case Record Timeline Grid

VIII. REVISION HISTORY:

Dates issued 08/06, 08/10, 05/12, 09/13, 09/14, 03/16, 03/17, 03/18, 03/19, 03/20, 05/21, 11/22, 5/23.

EXHIBIT A

CASE RECORD TIMELINE																
Document Type											Signature Time Frame and Requirements (Within)					Copy Given to Individual/Guardian within 15 days
	2 Days	7 Days	10 Days	14 Days	30 Days	35 Days	60 Days	90 Days	365 days	As Needed	48 Hours	10 Days	14 Days	35 Days	Misc.	
Initial BPS																
<i>Non-Emergency</i>				X	To be completed within 14 days of Access Screening								Case Manager and Supervisor			
<i>Hospital Discharge</i>		X	To be completed within 7 days of psychiatric hospital discharge													
<i>CCBHC</i>			X	To be completed within 10 days of Access Screening												
Annual BPS									X				Case Manager and Supervisor			
Pre-Planning <i>(To be completed for all cases except SUD)</i>	To be completed after the BPS and prior to the IPOS												Case Manager		Individual/Guardian- day of completion	
IPOS																
Initial						X	To be completed within 35 days of the initial BPS						Case Manager and Supervisor	Individual/Guardian		Budget and IPOS
Annual IPOS	No services can be provided without a current IPOS								X	To be completed annually			Case Manager and Supervisor	Individual/Guardian		Budget and IPOS
Crisis Residential	X	Crisis Residential Plans that exceed 14 days require development of a substitute Plan within 48 hours											Case Manager and Supervisor	Individual/Guardian		Budget and IPOS
IPOS Training Logs											Required by CW, SEOW, HSW, ACT & Home Based Programs prior to Staff providing Face to Face Services. Should be attached to IPOS				Signature prior to services	Budget and IPOS
Periodic Review	To be completed a minimum of every 90 days							X					Case Manager and Supervisor	Individual/Guardian		Budget and Periodic Review
Amendment									X				Case Manager and Supervisor	Individual/Guardian		Budget and Amendment
Progress Notes	X	All Face to Face Direct Service Progress Notes must be completed within 48 hours from date of service									X	Staff are required to sign off on Progress Notes within 48 hours from date of service				
Weekly Activity Note	To be completed following the IPOS (annually) and any Amendment to that Annual IPOS *This document needs to be forwarded to the contract provider (hardcopy/electronic)															
Residential Daily Note	To be completed following the IPOS (annually) and quarterly thereafter *This document needs to be forwarded to the contract provider (hardcopy/electronic)															
Adverse Benefit Determination			X	To be completed 10 days prior to services being reduced, suspended, or terminated (MUST complete prior to D/C Summary)												Notice of Adverse Benefit Determination
Discharges					Non- IDDT		IDDT								Discharge Summary	